

Transfer No. 74612

Receipt No. E033945

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1**

1. Applicant Information ROBERT D REED
1174 W 100 S
BLACKFOOT ID 83221
(208)684-4381

Will this transfer result in an ownership change? _____ Yes X No

2. Current Water Right**Part 2 Attached for Each Right**

	Origin/Basis	Rate	Volume	Acre Limit	Total Acres	Source
35-2335	WR/License	2.00	800.0		250.0	GROUND WATER

3. Purpose of Transfer (Change Proposed)**Part 3A Attached for Each Proposed Right****Part 3B Attached for Each Split Right**

Right	Split	POD	POU	Add POD	Period of Use	Nature of Use
35-2335	NO	NO	YES	NO	NO	NO

Describe the reason for the proposed changes

Rearranging acreage so that irrigated acres matches water right

4. FOR CHANGES IN NATURE OF USE ONLY

A. Describe the expected quantity of the return flows and location of discharge after the proposed change

B. Describe the effects on other water uses resulting from the proposed change

5. Total Amounts Transferred

	Rate	Acre Limit	Total Acres	Volume
35-2335	2.00 cfs		250.0	800.0 af
TOTAL	2.00 cfs	250.0	250.0	800.0 af

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1

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.

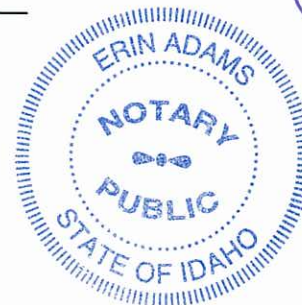
Robert D. Reed
(Signature of Applicant)

Owner
(Title or Office)

Subscribed and sworn to before me this 8 day of April, 2008.

Erin Adams
(Notary Public)

My commission expires 03/06/2009



Transfer No. 74612

Receipt No. _____

**IDAHO DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 2**

Current Water Right No. 35-2335

Priority Date: June 01, 1953

Origin: Water Right

Basis: Decreed

Status: Active

Source: GROUND WATER

<u>Beneficial Use</u>	<u>From To</u>	<u>Diversion Rate</u>	<u>Volume</u>	<u>Subuse Code</u>
IRRIGATION	4/01 10/31	2.00 CFS	800.0 AFA	
Total Diversion		2.00 CFS	800.0 AFA	

Source and Point(s) of Diversion:

GROUND WATER SWNESE Sec. 7 Twp 03S Rge 32E BINGHAM County

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03S 32E 7									39.0	34.0	29.0	37.0	38.0	33.0	34.0	6.0	250.0

Total Acres: 250

Conditions/Remarks:

1. 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.
2. RIGHT INCLUDES ACCOMPLISHED CHANGE IN PLACE OF USE PURSUANT TO SECTION 42-1425, IDAHO CODE.

Documentation of Ownership of the Current Place of Use

Is this property subject to any liens, deeds of trust, mortgages, or contracts or other encumbrances?
YES

Describe the effect on the current place of use for this water right if the place of use is changed pursuant to this transfer

It will be dry

To your knowledge, has any portion of the water right undergone a period of five(5) or more consecutive years of non-use?

NO

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**IDAHO DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 3A**

Proposed Water Right No. 35-2335

Priority Date: June 01, 1953

Origin: Water Right

Basis: Decreed

Status: Active

Source: GROUND WATER

<u>Beneficial Use</u>	<u>From To</u>	<u>Diversion Rate</u>	<u>Volume</u>	<u>Subuse Code</u>
IRRIGATION	04/01 10/31	2.00 CFS	800.0 AFA	
Total Diversion		2.00 CFS	800.0 AFA	

Source and Point(s) of Diversion:

GROUND WATER SWNESE Sec. 7 Twp 03S Rge 32E BINGHAM County

Describe the proposed diversion system

Point of Diversion # 1 WELL AND PUMP TO PIVOTS AND HANDLINES

PLACE OF USE: IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03S	32E	7																	

Total Acres: 250

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE NAMED SEAL, SHALL BE USED AS PROOF OF THIS DEATH UNDER IDAHO CODE 39-1001 & 39-1002.

State File No.

Local Reg. No.

145

DECEDENT	DECEDENT - NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (Month, Day, Year)
	Marian Lytle Reed		Female	August 26, 2001
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	SOCIAL SECURITY NUMBER	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	DATE OF BIRTH (Month, Day, Year)
	519-40-9183	62	MONTHS DAYS	Sept. 8, 1938
WAS DECEDENT EVER IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one)	OTHER		
	☐ Yes ☒ No	(1) ☐ Inpatient (2) ☒ Outpatient (3) ☐ DOA	(4) ☐ Long-Term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH
Bingham Memorial Hospital		Blackfoot		Bingham
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	DECEDENT'S USUAL OCCUPATION (One kind of work done during most of working life. Do not use retired.)	KIND OF BUSINESS / INDUSTRY	
Married	Robert Duane Reed	Homemaker	Home	
RESIDENCE STATE	COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE
Idaho	Bingham	Blackfoot	1174 W. 100 S.	83221
INSIDE CITY LIMITS?	WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	RACE - American Indian, Black, Japanese, White, etc. (Specify)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	
☐ Yes ☒ No	☐ Yes ☒ No	White	Elementary/Secondary (9-12) College (13 or 14 or 15)	
FATHER - NAME		BIRTHPLACE	MOTHER - FULL MAIDEN NAME	BIRTHPLACE
John Milton Lytle JR.		Nevada	Alice Jones	Utah
INFORMANT'S NAME (Type Print)		MAILING ADDRESS (Street and Number or Rural Route, Nearest City or Town, State, Zip Code)		
Robert Reed		1174 West 100 South Blackfoot, Idaho 83221		
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	LOCATION - City or Town, State	
☐ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		Riverside-Thomas Cemetery	Blackfoot, Idaho	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (For Licensee)	NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		M-734	Hawker, Hill Funeral Home 214 S. University Blackfoot, ID. 83221	
TIME OF DEATH	DATE (Pronounced Dead) (Month, Day, Year)	WAS CASE REFERRED TO CORONER?	MANNER OF DEATH (Check One)	
8:12 A.M.	August 26, 2001	☐ Yes ☒ No	☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
27. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.		Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		moment		
a. Cardio pulmonary Arrest				
b. Ankyrotic Lateral Sclerosis		2 years		
c. DUE TO (or as a consequence of):				
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED?		
		☐ Yes ☒ No		
		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
		☐ Yes ☐ No		
CERTIFIER (Check any one)				
☒ 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.				
☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER	DATE SIGNED (Month, Day, Year)	
<i>[Signature]</i>		0-239	8/30/01	
NAME AND ADDRESS OF CERTIFIER (Type Print)				
Dr. Curtis Galke 625 West Pacific Blackfoot, Idaho 83221				
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
☐ Yes ☐ No		☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	LOCATION (Street or Route Number, City/Town, or County, and State)	
CORONER'S ACTION		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)
31A. I have reviewed and/or amended, and certified.				31B.
REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)		
<i>[Signature]</i>		September 10, 2001		

VITAL STATISTICS COPY

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

DATE ISSUED: September 10, 2001

This copy is not valid unless accompanied by original border

JANE S. SMITH

74612

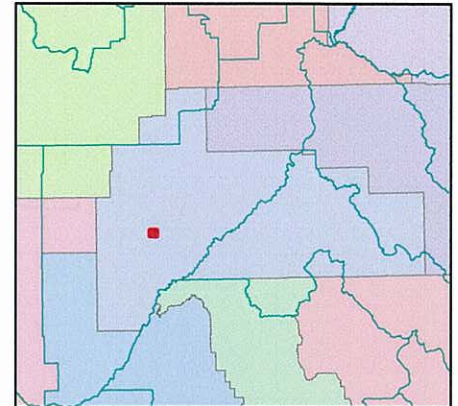


Idaho Department of Water Resources

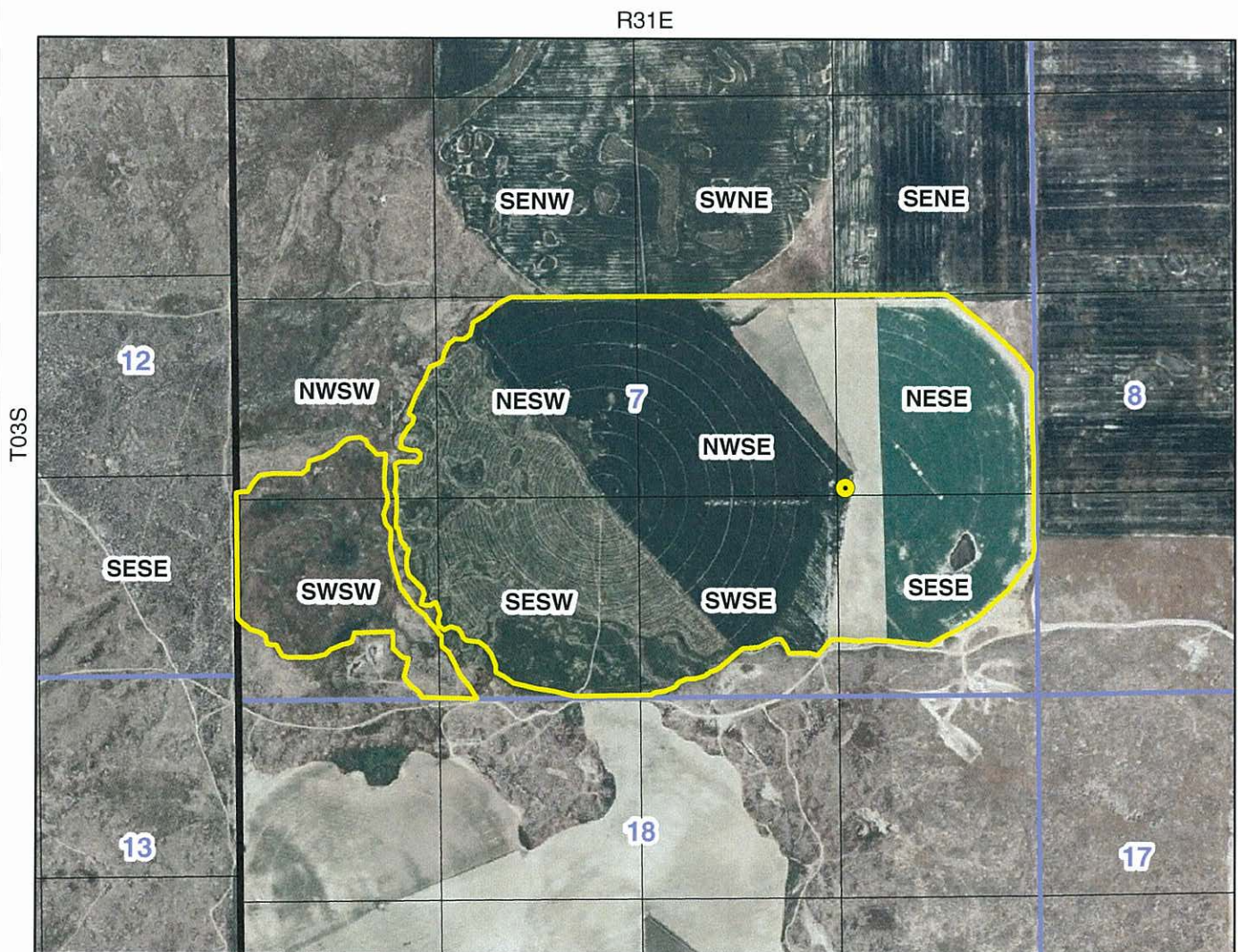
Water Right
35-2335
(IRRIGATION)

Legend

- Point of Diversion
- Place of Use
- Townships
- PLS Sections
- Quarter Quarters



Bingham County
IDWR Basin 35



Prepared by Blake Jordan
On Monday, April 14, 2008
2006 Aerial Photography

0 0.2 0.4 0.8 Miles

74612