

RECEIVED

NOV 14 2007

DEPT. OF WATER RESOURCES
SOUTHERN 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 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)
37-2158					
37-4343					
37-4359					
37-343A					
37-2144					

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 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)

Emma Malcomson Bennett

Box 120

Hill City, Idaho 83337

4. New Owner/Claimant(s)

Pat Bennett or Vickie Bennett

Name Connector (Check one): ☐ and, ☒ or, ☐ and/or

New Mailing Address

Box 113

City, State and ZIP Code

Hill City, Idaho 83337

New Telephone Number

(208) 764-2216

Email: _____

5. Date you acquired the property

2000 - 2004

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

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

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

7. Signature(s) of New Owner(s) or Claimant(s) Pat Bennett, OWNER
Vickie Bennett, (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 _____
 Received by _____
 Processed by _____ AJ

Date _____
 Date _____
 Date _____

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

2007 TAX BILL RECEIPT

PARCEL NUMBER

BILL# 13546

RP01S11E283080A

1ST HALF DUE		2ND HALF DUE		FULL DUE			
TAX	84.91	TAX	84.91	TAX	169.82	L	16,637
LATE		LATE		LATE		I	3,000
INT		INT		INT		TOT MV	19,637
COST		COST		COST		WAC	5.000
TOT		TOT		TOT		TOT ACS	334.410

5301 RP01S11E283080A *****3-DIGIT 833



BENNETT PAT J
& BENNETT VICKIE L
PO BOX 113
HILL CITY ID 83337-0113

CODE AREA 31-0000



MAKE CHECK PAYABLE TO:
ELMORE COUNTY TAX COLLECTOR
ROSE PLYMPTON 587-2138 #501
150 S 4TH EAST SUITE 4
MTN HOME ID 83647-3094

TAXING DISTRICT	RATE	AMOUNT
STATE	.000000000	
COUNTY	.004102718	80.56
SCHOOL #192	.000000000	
#192-M&O	.000000000	
#192-BOND	.001352851	26.56
#192-SUPP	.000000000	
#192-OTHER	.000124204	2.44
GLENNS FERRY HW	.001358627	26.68
EEC REC DIST	.000440864	8.66
HOSPITAL DIST	.000991881	19.48
AMBULANCE DIST	.000277283	5.44
AMOUNT DUE	.008648428	169.82

PT SW4NE4, PT N2NW4, PT S2NW4,
W2SE4, SW4 LESS TAX 1
SEC 28 T1S R11E

N MALCOMSEN RD 83647

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***

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

** Note: Tax Collector Accepts Additional Payments Anytime.

?? QUESTIONS ?? PLEASE READ PERTINENT INFORMATION
ON REVERSE. *NOTE-CALL 1ST, IF DELINQUENT AMT DUE

FOR PROPER CREDIT TWO COPIES MUST BE RETURNED WITH PAYMENT

2007 TAX BILL RECEIPT

PARCEL NUMBER

BILL# 13559

RP01S11E330610A

1ST HALF DUE		2ND HALF DUE		FULL DUE			
TAX	70.63	TAX	70.63	TAX	141.26	L	16,338
LATE		LATE		LATE		TOT MV	16,338
INT		INT		INT			
COST		COST		COST		WAC	11.000
TOT		TOT		TOT		TOT ACS	389.000

RP01S11E330610A *****3-DIGIT 833



BENNETT PAT J
& BENNETT VICKIE L
P O BOX 113
HILL CITY ID 83337

CODE AREA 31-0000



MAKE CHECK PAYABLE TO:
ELMORE COUNTY TAX COLLECTOR
ROSE PLYMPTON 587-2138 #501
150 S 4TH EAST SUITE 4
MTN HOME ID 83647-3094

TAXING DISTRICT	RATE	AMOUNT
STATE	.000000000	
COUNTY	.004102718	67.02
SCHOOL #192	.000000000	
#192-M&O	.000000000	
#192-BOND	.001352851	22.10
#192-SUPP	.000000000	
#192-OTHER	.000124204	2.02
GLENNS FERRY HW	.001358627	22.20
EEC REC DIST	.000440864	7.20
HOSPITAL DIST	.000991881	16.20
AMBULANCE DIST	.000277283	4.52
AMOUNT DUE	.008648428	141.26

W2 W2NE4
SEC 33 T1S R11E

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***

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

** Note: Tax Collector Accepts Additional Payments Anytime.
?? QUESTIONS ?? PLEASE READ PERTINENT INFORMATION
ON REVERSE. *NOTE-CALL 1ST, IF DELINQUENT AMT DUE

FOR PROPER CREDIT THIS SLIP MUST BE RETURNED WITH PAYMENT



"Quality Care For All"

FAMILY HEALTH SERVICES**Fax Transmittal Form**

RECEIVED

JAN 18 2008

DEPT. OF WATER RESOURCES
SOUTHERN REGIONDate: 1/18/08To: Douglas Jones Company: Dept of Water ResourceFAX: 736-3037 Pages (including cover) 2Name of Sender: Vickie Bennett

☐ Administration, 794 Eastland Dr., Twin Falls, ID 83301	Phone: (208) 734-3312	Fax: (208) 734-5036
☐ Billing, 794 Eastland Dr., Twin Falls, ID 83301	Phone: (208) 735-9363	Fax: (208) 734-3313
☐ 725 Fair, Buhl, ID 83316	Phone: (208) 543-8271	Fax: (208) 543-8272
☐ 1308 Bennett Ave., Burley, ID 83318	Phone: (208) 678-7796	Fax: (208) 678-7799
☒ 401 W. Camas, PO Box 344, Fairfield, ID 83327	Phone: (208) 764-2611	Fax: (208) 764-2646
☐ 133 W. Ave. A, Suite B, Jerome, ID 83338	Phone: (208) 324-3471	Fax: (208) 324-8191
☐ 1024 8th St, Rupert, ID 83360	Phone: (208) 436-0734	Fax: (208) 436-0735
☐ 388 Martin St., Twin Falls, ID 83301	Phone: (208) 734-0451	Fax: (208) 734-0452
☐ Behavioral Health, 788 Eastland Dr, Twin Falls, ID 83301	Phone: (208) 734-1281	Fax: (208) 734-1282
☐ Behavioral Health, 1320 Bennett Ave, Burley, ID 83318	Phone: (208) 678-0101	Fax: (208) 678-0303

Mr. Jones -

This is the copy of Emma Bennett's Death Certificate -

You needed this for the name change on the water rights to Pat Bennett.

Thank you for your help.

Vickie Bennett

PRIVILEGED AND CONFIDENTIAL: This document and the information contained herein are confidential and protected from disclosure pursuant to Federal law. This message is intended only for the use of the addressee(s) and may contain information that is **PRIVILEGED** and **CONFIDENTIAL**. If you are not the intended recipient, you are hereby notified that the use, dissemination, or copying of this information is strictly prohibited. If you have received this communication in error, please destroy all copies of the message and its attachments and notify the sender immediately.

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

CERTIFICATE OF DEATH

Date Filed APRIL 25, 2006State File No. 2006-03027

DECEDENT - LEGAL NAME EMMA MARIE BENNETT			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 87 YEARS	DATE OF BIRTH APRIL 20, 1918
BIRTHPLACE FAIRFIELD, IDAHO		PLACE OF RESIDENCE HILL CITY, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME NELS MALCOLMSON			BIRTHPLACE SWEDEN
MOTHER - MAIDEN NAME DINA OLSON			BIRTHPLACE SWEDEN
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE DALE A. TURNER	
NAME AND ADDRESS OF FUNERAL FACILITY DEMARAY FUNERAL SERVICE, GOODING, IDAHO			
DATE OF DEATH APR. 16, 2006	TIME OF DEATH 11:04 P.M.	CITY, TOWN OR LOCATION OF DEATH HILL CITY, IDAHO	COUNTY OF DEATH CAMAS
CAUSE OF DEATH (underlying cause last) a. PULMONARY ARREST			Approximate Interval Between Onset and Death IMMEDIATE
DUE TO (or as a consequence of): b. PULMONARY INSUFFICIENCY			3 MONTHS
DUE TO (or as a consequence of): c. BREAST CARCINOMA			2 YEARS
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above MULTI-SYSTEM ORGAN FAILURE			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DARLA J BOGGS		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: JUNE 09, 2006

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR

