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DEPARTMENT OF
WATER RESOURCES

**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)
PD 74-805 B		✓			
PD 74-2074		✓			
PD 74-2047 E		✓			

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) Zach A and Esther J. Johnson
115 Neyman Street, Salmon, ID 83467
4. New Owner/Claimant(s) The Marcia De Cann Andersen Revocable
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
Living Trust
- New Mailing Address 2 North Hawk Road
- City, State and ZIP Code Salmon, ID 83467
- New Telephone Number (208) 756 1654

5. Date you acquired the property

9/30/2003

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 74-805 B		
Irrigation	.031 cfs	4.9 acres
Stock		
Domestic		
Other		
Totals	.031 cfs	4.9 acres
Water Right and/or Adjudication Claim Number 74-2074		
Irrigation	.073 cfs	4.4 acres
Stock		
Domestic		
Other	.075	4.5
Totals	.073 cfs	4.4 acres
Water Right and/or Adjudication Claim Number 74-2047 E		
Irrigation		
Stock	.03 cfs	1.5 acres ; Horse, mules, future cows
Domestic		
Other		
Totals	.03 cfs	1.5 acres ; Horse, mules, future cows

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) Marcia DeLann Andersen, TRUSTEE
of The Marcia DeLann Andersen (title if applicable)
Revocable Living Trust
 (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 amb
 Received by amb
 Processed by _____ AJ

Date 10-02-07
 Date 10-02-07
 Date _____

Receipt Amt. \$300.00
 Receipt No. 0085046
 WR _____ Date _____