

DE ✓

OK JC
8-20-07

**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).

ADJ needs NCRP - disallowed

PD 29-11913

Water Right No(s)	Adjudication Claim No(s)	Split(s)
29-2337B	29-11913	
	29-11911	
	29-11912	

Water Right No(s)	Adjudication Claim No(s)	Split(s)

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$25
- 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)

Phillip Blair Morrison
20474 S. Tool Rd

4. New Owner/Claimant(s)

Barbara Ann Morrison
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

20474 S. Tool Rd

City, State and ZIP Code

Downey, ID. 83234

New Telephone Number

(208) 897-5537

897-5779

RECEIVED
JUN 28 2007
Department of Water Resources
Eastern Region

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		
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) _____

(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 8-20-07

Receipt Amt. \$ 25 -

Received by _____

Date 8-20-07

Receipt No. E033264

Processed by _____ AJ

Date _____

WR _____ Date _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

**INSTRUCTIONS FOR FILING
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

This form has been prepared to assist all claimants and owners of water rights to comply with the requirements of Sections 42-248 and 42-1409(6), Idaho Code. All claimants and owners of water rights are required to notify the Department of Water Resources (IDWR) of any change in mailing address or change in ownership of all or part of a water right. In addition, all purchasers of water rights within a pending general adjudication area must inquire whether a notice of claim has been filed and, if not, shall file a notice of claim if necessary. Please attach additional sheets to the form if you require additional space to describe or explain any of the questions on the form.

Effective July 1, 2000, the Idaho Legislature amended Section 42-248, Idaho Code to include a provision for fees to file a Notice of Change in Water Right Ownership. Please see details at Line 8, below, to determine if fees are required for your filing.

Separate brochures are available from IDWR describing the adjudication of water rights and the requirement to notify IDWR of changes in ownership. Please contact your nearest IDWR office if you would like more information or need help completing this form (a list of our offices are listed on page 2 of these instructions), or call 1-800-451-4129. Water right information can be found on the Department's website using the "On-Line Data" search at: www.idwr.idaho.gov.

LINE INSTRUCTIONS:

1. If there are water rights associated with the property, **the seller should be able to provide you with the water right or adjudication claim number(s).** Corresponding water right and adjudication claim numbers should be listed next to each other on the form. You may have purchased only a portion of the water right(s) held by the seller. If so, the water right(s) held by the seller may need to be "split" to provide you your share of each right. Indicate if a split is required by checking in the space provided next to each water right.

If you receive water from a municipal provider, an irrigation district or other water delivery organization, where the water rights are held by the organization, please do not use this form to record a change. You may need to contact the water delivery organization to determine if any action is necessary.

If you or the seller believes there are water rights for the property but the numbers are unknown, you may wish to contact IDWR for assistance in identifying the water rights for the property in question. If adjudication claims for the rights are required and have not been filed, IDWR will so advise you.

2. IDWR cannot process this change without documentation of ownership. The preferred types of documentation are listed. Contact IDWR if you have difficulty obtaining this information. **Do not** obtain a new survey for purposes of this form before contacting IDWR.
3. Please provide the name and address of the former owner/claimant(s) of the water right(s).
4. Enter the name, mailing address, and telephone numbers of the new owner/claimant(s) and indicate the relationship between multiple owners by using the connector "and", "or", or "and/or" as indicated on your deed or other evidence of ownership

5. Provide the date the property in question was acquired. This may be the date of "closing" in the case of a real estate transaction or the date of court order for other types of ownership changes.
6. You may have purchased only a portion of the water right(s) held by the seller. If this 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. For each water right requiring a split between owners, fill in the appropriate spaces. Copy the page as many times as necessary to fully describe each water right after the change. Include documentation as necessary to describe nonstandard agreements or arrangements regarding division of the water right(s). **If the water right(s) will not be split, skip line 6 and go to line 7.**
7. The new owner(s) must sign the form in the space(s) provided. If someone other than the owner signs the notice, evidence of authority to sign for the owner must be attached. If the new owner is a corporation or other organization, the person signing the notice must be an officer of the corporation or otherwise have authority to sign for the organization and must include their title with the signature.
8. The Legislature has waived the fee to file a Notice of Change in Water Right Ownership for any water right pending in a general water right adjudication such as the Snake River Basin Adjudication. This waiver ends when a partial decree is issued for the water right that has been claimed. For water rights not pending in a general adjudication, the filing fee is \$25 per water right, except for those water rights that will be divided as a result of the change in ownership. The filing fee for division of a water right is \$100 per water right to be divided.
9. When complete, retain a copy and file the original form with the IDWR office nearest you, with copies of your ownership documents and the appropriate filing fee:

IDWR Northern Region
7600 Mineral Dr., Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161

IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190

IDWR Southern Region
1341 Fillmore St., Suite 200
Twin Falls, ID 83301-3380
(208) 736-3033

- OR -

IDWR State Office
322 East Front St
Sixth Floor
P.O. Box 83720
Boise, ID 83720-0098
(208) 287-4800

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE CENTER FOR VITAL STATISTICS AND HEALTH POLICY State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH AND WELFARE SEAL SHALL BE USED AS PROOF OF DEATH.

State File No. 6-783
Local Reg. No. 6-783

DECEDENT	DECEDENT - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)	
	PHILIP		BLAIR		MORRISON		MALE		MAR. 30, 1999		
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN	SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yr.)	UNDER 1 YEAR	1 YEAR	2 YEARS	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)			
	[REDACTED]		56				JUNE 5, 1942	MALAD, IDAHO			
WAS DECEDENT EVER IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one)		HOSPITAL		OTHER						
	☒ Yes ☐ No		(1) ☒ Inpatient		(4) ☐ Long-Term Care Facility		(6) ☐ Other Private Residence				
				(2) ☐ Outpatient (3) ☐ DCA		(5) ☐ Own Residence		(7) ☐ Other (Specify)			
FACILITY NAME AND ADDRESS (If not a hospital, name of place, street and number)											
BANNOCK REGIONAL MEDICAL CENTER											
CITY, TOWN OR LOCATION OF DEATH											
POCATELLO											
COUNTY OF DEATH											
BANNOCK											
MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife give maiden name)		DECEDENT'S USUAL OCCUPATION (Give type of work done during last year or more, if not any related)		IND OF BUSINESS / INDUSTRY					
MARRIED		BARBARA LONGENBOHN		CABMAN		RAILROAD					
RESIDENCE STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		ZIP CODE			
IDAHO		BANNOCK		DOWNEY		20474 S. TOOL ROAD		83234			
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)		U.S. DECEDENT'S EDUCATION (Specify only highest grade completed)							
☐ Yes ☒ No		☐ Yes ☒ No		WHITE		Elementary (1-12)		College (14 or 5+)			
FATHER'S NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE					
LELAND JAMES MORRISON		IDAHO		JENNIE ADESSA UNDERWOOD		IDAHO					
INFORMANT'S NAME (If patient)											
BARBARA L. MORRISON											
20474 S. TOOL RD. DOWNEY, IDAHO 83234											
METHOD OF DISPOSITION											
☐ Burial ☐ Cremation ☐ Removal from Idaho											
PLACE OF DISPOSITION (Place of crematory, cemetery, or other place)											
DOWNEY CITY CEMETERY											
LOCATION - City or Town, State											
DOWNEY, IDAHO 83234											
DISPOSITION											
NAME OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (License number or license name and address of facility)											
HORSLEY FUNERAL HOME											
M - 607 132 W. 300 N. MALAD, IDAHO 83252											
DATE OF DEATH											
2045 MAR. 30, 1999											
WAS CASE REFERRED TO CORONER?											
☐ Yes ☒ No											
MANNER OF DEATH (Check only one)											
☒ Natural ☐ Homicide ☐ Suicide ☐ Accident											
☐ Pending Investigation ☐ Could Not Be Determined											
26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter the medical or surgical as cardiac or respiratory arrest.											
IMMEDIATE CAUSE (Final stage of condition resulting in death)											
a. <u>Carcinoma of unknown primary</u> 6-12 mo											
b. DUE TO (or as a consequence of)											
c. DUE TO (or as a consequence of)											
27. PART B. 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 only 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											
<u>Michael Francisco</u>											
NAME AND ADDRESS OF CERTIFIER (If physician)											
DR. MICHAEL FRANCISCO 10R											
DATE OF INJURY (Mo., Day, Yr.)											
HOUR OF INJURY											
DESCRIBE HOW INJURY OCCURRED											
INJURY AT WORK? ☐ Yes ☒ No											
IF TRANSPORTATION ACCIDENT, Specify											
☐ Driver ☐ Passenger ☐ Pedestrian											
☐ Other											
PLACE OF INJURY - At home, farm, street, school, office building, etc. (Specify)											
LOCATION (Street or Route Number, City/Town, or County, and State)											
CORONER'S ACTION											
I have reviewed and/or amended, and certified.											
CORONER'S SIGNATURE											
DATE SIGNED (Month, Day, Year)											
REGISTRAR'S SIGNATURE											
<u>Douane Blaw</u>											
DATE FILED (Month, Day, Year)											
APR 13, 1999											

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: April 13, 1999

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

4-1

DAVID E. RAYBORN
Rayborn Law Office
P. O. Box 1
Pocatello, ID 83204-0001
(208) 233-3914

STATE OF IDAHO } ss. 99019143
County of Bannock }

I hereby certify that the foregoing instrument is a true and correct copy of the original on file in this office.

SEP 27 1999

COPY

Don Shon, Clerk of the District Court
Deputy Clerk of Magistrate

Attorney for Petitioner

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNOCK

In the Matter of the Estate of:	)	Case No. SPIE-99-00124
	)	
PHILIP BLAIR MORRISON,	)	DECREE VESTING ESTATE IN
	)	SURVIVING SPOUSE
<u>Deceased.</u>	)	

Upon consideration of the Petition of Summary Administration of Estate of Which Surviving Spouse is Sole Beneficiary filed by Barbara Ann Morrison on September 7, 1999 the Court finds that:

1. The facts set forth in the petition are true.
2. The required notice has been given or waived.
3. The decedent, Philip Blair Morrison died on March 30, 1999, domiciled in Bannock County.
4. Venue is proper.
5. The decedent and Barbara Ann Morrison were duly married at Downey, Idaho, on February 1, 1994, and remained married until the date of decedent's death.
6. The surviving spouse, Barbara Ann Morrison, is the sole heir or devisee of the decedent.
7. a. The decedent died intestate.
b. X The decedent died testate, leaving a will dated March 29, 1999.
The will was validly executed and is the last will of the decedent.

DECREE VESTING ESTATE IN SURVIVING SPOUSE -1-

NO 99019143
RECORDED AT REQUEST OF
Barbara Morrison
'99 SEP 27 PM 4 03
OFFICIAL RECORD BOOK NO 746
BANNOCK COUNTY IDAHO
LARRY W. HAN RECORDER
FEE 12.00 DEPUTY Bo

4.2

99019143

8. The schedule of property attached to this Decree is a full and complete inventory of the property owned by the decedent and properly characterizes the property as community or separate property.

THEREFORE, it is ordered, adjudged and decreed as follows:

1. Barbara Ann Morrison is the surviving spouse of the decedent and is the sole heir or devisee of the decedent.
2. The property of the decedent described on the schedule attached to this Decree is hereby vested in and distributed to Barbara Ann Morrison free and clear of all right, title, claim or demand of any person or persons claiming or attempting to claim under the estate of the decedent as heir, devisee, or otherwise, except as a proper creditor.
3. The surviving spouse shall assume and be liable for any and all indebtedness that might be a claim against the estate of the decedent.
4. There shall be no administration of the estate of the decedent.

DATED this 27 day of September, 1999.

STATE OF IDAHO }
County of Bannock }

I hereby certify that the foregoing is a full true and correct copy of an instrument as the same now remains on file and of record in my office.

WITNESS my hand and official seal hereto affixed

This 21 day of June, A.D. 2000
DALE HATCH, CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Gaylen L. Box
HONORABLE GAYLEN L. BOX
Magistrate Judge

By Deputy Barbara S. Young

4.3

99019143

SCHEDULE OF PROPERTY

A. Real Property.

Description/Value

SE $\frac{1}{4}$ SE $\frac{1}{4}$; NW $\frac{1}{4}$ SE $\frac{1}{4}$,
S 12 - T 11 S R 36 E.B.M.
Bannock County, Idaho

Commencing at the point 1310 feet West of the
Southeast corner of lot 2, Section 18, Township
11 South, Range 37 E.B.M., BANNOCK
COUNTY, IDAHO; and running thence West
425 feet to the centerline of the County Road;
thence North 341 feet along said County Road;
thence East 425 feet; thence South 341 feet to
the POINT OF BEGINNING.

NW $\frac{1}{4}$ SW $\frac{1}{4}$
S 1 T 11 S R 36 E.B.M.
Bannock County, Idaho

B. Personal Property.

Description

Livestock

Machinery

Furniture

Weed sprayer

Scoop to one trailer

Grain bin tin

1986 pickup

1988 Mazda

1997 Chevrolet Cavalier

4.4

SCHEDULE OF PROPERTY

99019143

Old white pickup (Does not run)

Old brown & gold Dodge pickup (Does not run)

Diesel tank

Gas tank