

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

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JUN 16 2006

WATER RESOURCES
WESTERN REGION

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

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
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WR 63-10775					

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) D Mark Lynn, Joy Lynn
4050 Chaparral Road, Eagle, ID 83616
4. New Owner/Claimant(s) Joy Lynn
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 4050 Chaparral Road
- City, State and ZIP Code Eagle, ID 83616
- New Telephone Number (208) 286-9533
5. Date you acquired the property _____

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DEPARTMENT OF
WATER RESOURCES

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed 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(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

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

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

Jerry Lynn

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.

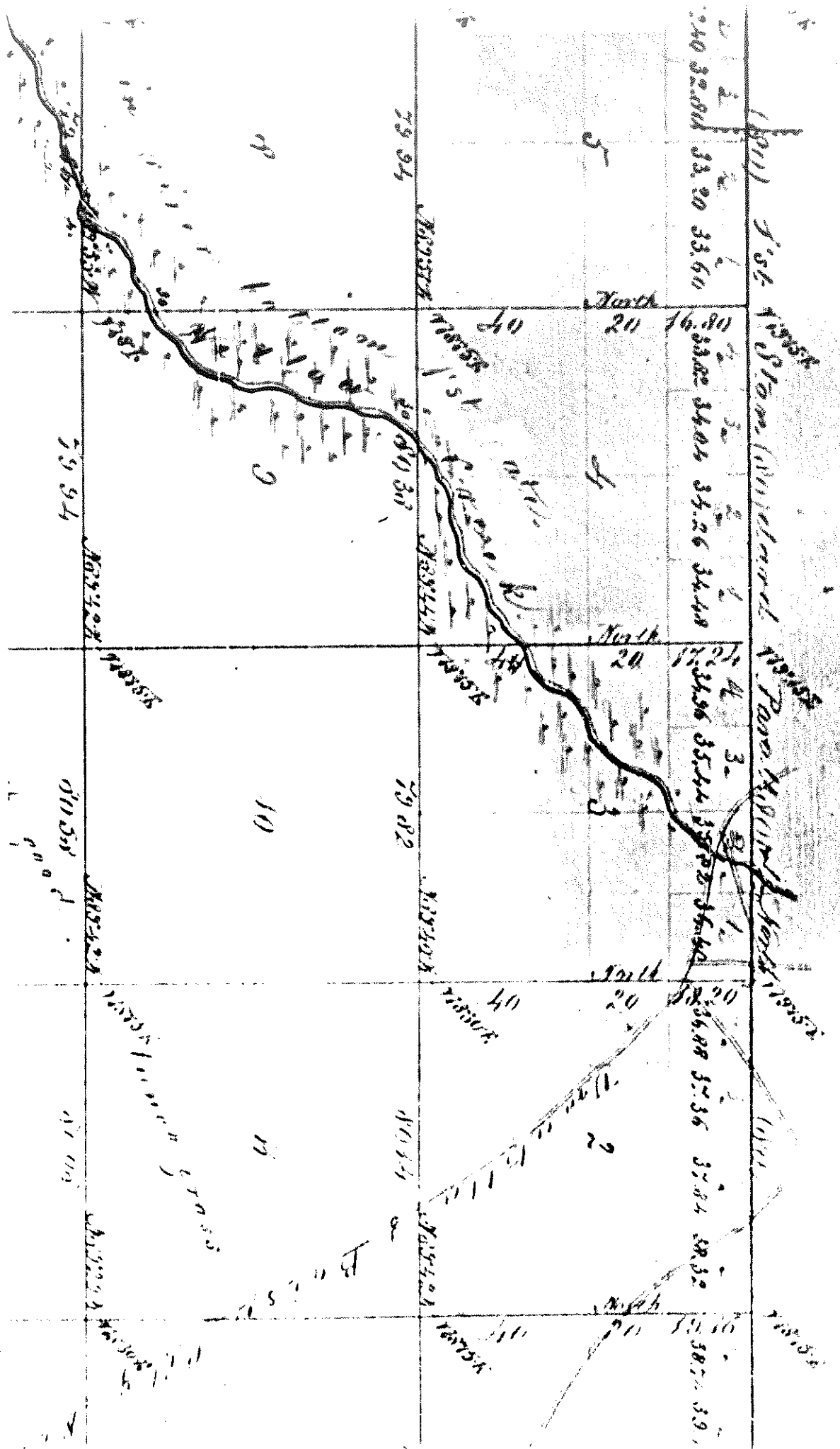
For Office Use Only

Received by <u><i>[Signature]</i></u>	Date <u>6-16-06</u>	Fee <u>\$25⁰⁰</u>
Received by <u><i>[Signature]</i></u>	Date <u>6-16-06</u>	Receipt No. <u>W034334</u>
Processed by _____ AJ	Date _____	WR <u>DB</u> Date <u>5/17/07</u>

5N 1W

L-1 = NENE L-3 = NENE
 L-2 = NNE L-4 = NW NW

NO. 5 North Range 401 West Boise Alleviation



DEED BY PERSONAL REPRESENTATIVE

THIS DEED, made by ROBERT HELMICK and KEITH HELMICK, as Personal Representatives of the Estate of ALBERT HELMICK, deceased, the Grantors, to

MARK LYNN and JOY LYNN, husband and wife, Grantees,
whose address is: 4831 Skyline Drive - Eagle, ID 83616;

WHEREAS, said Grantor is the qualified personal representative of said estate, filed as Probate Number SP92-159, in Gem County, Idaho;

THEREFORE, Grantors sell, grant, and convey to Grantees the following described real property, situated in Ada County, Idaho, to-wit:

All in Section 2, Twp 5 N., R. 1 W., B.M., Ada County, Idaho:

N $\frac{1}{2}$ of the NE $\frac{1}{4}$ of the SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ AND
SW $\frac{1}{4}$ of the NE $\frac{1}{4}$ AND
SE $\frac{1}{4}$ of the NW $\frac{1}{4}$ AND
NW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ AND
N $\frac{1}{2}$ of the SW $\frac{1}{4}$ of the SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ AND
S $\frac{1}{2}$ of the SE $\frac{1}{4}$ of the SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ AND
Government Lots 2, 3 and 4

9311193
FIRST AMERICAN TITLE CO.
ADA COUNTY, ID. FOR
J. DAVID NAYARRO
RECORDER BY *Klausen*
'93 FEB 12 PM 4 17

All in Section 3, Twp. 5 N., R. 1 W., B.M., Ada County, Idaho:

Government Lots 1, 2 and 3
S $\frac{1}{2}$ of the NE $\frac{1}{4}$ AND
NW $\frac{1}{4}$ of the SE $\frac{1}{4}$ AND
SW $\frac{1}{4}$ of the NW $\frac{1}{4}$ AND
NW $\frac{1}{4}$ of the SW $\frac{1}{4}$

All in Section 4, Twp. 5 N., R. 1 W., B.M., Ada County, Idaho:

S $\frac{1}{2}$ of the NE $\frac{1}{4}$ AND
NE $\frac{1}{4}$ of the SW $\frac{1}{4}$ AND
NW $\frac{1}{4}$ of the SE $\frac{1}{4}$ AND
E $\frac{1}{2}$ of the SE $\frac{1}{4}$

Including water rights, if any, appurtenant thereto or used in connection therewith, and including any easements or rights of ways appurtenant to or used for the benefit of said described premises. Subject to easements, rights of ways, reservations and exceptions, if any.

Said property is conveyed "as is" and accepted by grantees subject to:

- a. all U. S. Government reservations in Patents;
- b. all oil and gs leases; easements, existing or of record;
- c. oil and mineral rights reserved in certain Quitclaim Deeds recorded in Ada County in reference Lot 3, Sec. 3, T. 5 N., R. 1 W. B.M.; and
- d. lack of recorded access to and from certain lands;

all of which are noted under title of Exceptions, First American Title Co. of Idaho, Helmick-Lynn Order No. FA 86165, commitment date February 2, 1993. Said property is also conveyed and accepted by Grantee subject to any reservations and exceptions shown anywhere in said title commitment. Grantees have examined the said title commitment and accept this conveyance without any covenants, warranties, express or implied, or agreements on part of grantors, in their official or personal capacities, as to the reservations and exceptions noted in said title commitment.

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JUL 25 1994

with all appurtenances. This deed is executed by grantors as Personal Representatives of said Estate as above noted, and any general covenants of warranty herein contained are restricted to grantor in the representative capacity, and not as an individual grantor.

Said property is conveyed "as is" under existing boundary fences, if any, after reasonable inspection by the grantee, and grantor does not make any representations or warranties as to the qualifications or suitability of said land or premises for water or electrical power, or as to said land or improvements meeting any Federal, State, or local laws, rules or regulations pertaining to zoning, building, subdividing, platting, surveys, planning and use, health, ecology, drainage, irrigation, water quality, sewage or disposal systems, hazardous materials and toxic wastes. Grantor makes no warranties as to surveys, boundaries, or any matter mentioned in this paragraph. There are no warranties, express or implied, as to merchantability, in a general sense or for a particular purpose, except as herein contained in writing, if any.

EXECUTED THIS 12th day of February, 1993.

Robert Helmick
Robert Helmick

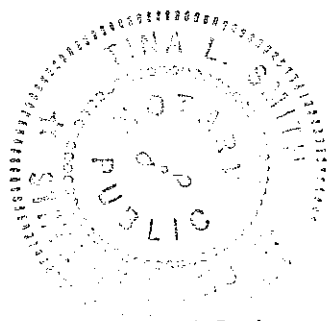
Keith A. Helmick
Keith Helmick

Personal Representatives of the Estate of Albert Helmick, deceased

STATE OF IDAHO,)
County of Ada) ss.

On this 12th day of February, 1993, before me, a Notary Public in and for said State, personally appeared ROBERT HELMICK and KEITH HELMICK, known to me or having been proven to me to be the persons whose names are subscribed to the within instrument as Personal Representatives of the estate of ALBERT HELMICK, and acknowledged to me that the same was executed as the Personal Representatives of said Estates.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.



Tina L. Smith
Notary Public for State of Idaho;
Residing at Boise, Idaho.
Commission Expires: 7-25-93

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JUL 25 1994

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

Date Filed APRIL 06, 2004

State File No. 2004-02376

DECEDENT - LEGAL NAME DAVID MARK LYNN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 56 YEARS	DATE OF BIRTH NOVEMBER 30, 1947
BIRTHPLACE LONGVIEW, WASHINGTON		PLACE OF RESIDENCE EAGLE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) MARJORIE JOY MCKELLOP	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CORBETT LYNN			BIRTHPLACE KENTUCKY
MOTHER - MAIDEN NAME LUCILLE DAMERON			BIRTHPLACE KENTUCKY
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE N. QUINN PETERSON		
NAME AND ADDRESS OF FUNERAL FACILITY SUMMERS FUNERAL HOME, BOISE, IDAHO			
DATE OF DEATH MAR. 31, 2004	TIME OF DEATH 1:10 A.M.	CITY/TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) BRAIN HERNIATION			Approximate Interval Between Onset and Death 1 DAY
DUE TO (or as a consequence of): a. BRAIN HEMORRHAGE			
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER TIMOTHY JOHN JOHANS, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

QUERY INFORMATION ADDED 05/05/2004



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: MAY 06, 2004

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE