

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

2206

APR 18 1994

State of Idaho CERTIFICATE OF DEATH

State File No. _____
Local Reg. No. 6-149

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 38-2410 & 38-2421

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT: For use by physician or institution	DECEDENT - NAME FIRST Marvin		MIDDLE Lee		LAST Ruff		SEX Male	DATE OF DEATH (Month, Day, Year) April 9, 1994
	SOCIAL SECURITY NUMBER 519 38 6456		AGE - Last Birthday (Yrs.) 53		DATE OF BIRTH (Month, Day, Year) April 4, 1941		BIRTHPLACE (City and State or Foreign Country) American Falls, ID	
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) ☒ (1) Inpatient ☐ (2) ER/Outpatient ☐ (3) DOA		☐ (4) Licensed Nursing Home ☐ (5) Private Residence ☐ (6) Licensed Shelter Home ☐ (7) Other (Specify) _____			
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) Pocatello Regional Medical Center		CITY, TOWN OR LOCATION OF DEATH Pocatello		COUNTY OF DEATH Bannock			
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Suzanne Mopps		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer		KIND OF BUSINESS / INDUSTRY Sugar Beets		
RESIDENCE STATE Idaho		COUNTY Bingham		CITY, TOWN OR LOCATION Aberdeen		STREET AND NUMBER 166 W. Cassia		ZIP CODE 83210
INSIDE CITY LIMITS? ☒ Yes ☐ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White		18. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		
FATHER - NAME Herbert Ruff		BIRTHPLACE ND		MOTHER - FULL MAIDEN NAME Bessie Rowlands		BIRTHPLACE Colorado		
INFORMANT'S NAME (Type/print) Suzanne Ruff		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 592, Aberdeen, ID 83210						
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Aberdeen Cemetery		LOCATION - City or Town, State Aberdeen, Idaho				
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Mark Dunn</i>		LICENSE NUMBER (of Licensee) M-738		NAME AND ADDRESS OF FACILITY Davis Mortuary, 170 Idaho Street P.O. Box 413, American Falls, ID 83211				
TIME OF DEATH 3:53 A.		DATE PRONOUNCED DEAD (Month, Day, Year) April 9, 1994		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined		
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Myocardial Infarction 15min b. Hemorrhage & Shock 3hrs c. Disseminated Intravascular Coagulation 3hrs d. Septic Spleen 4hrs Subacute Myocarditis 2								
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 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.								
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE		SIGNATURE AND TITLE OF CERTIFIER <i>W. Kurt Birkenhagen</i>		LICENSE NUMBER M-3705		DATE SIGNED (Month, Day, Year) 4/14/94		
		NAME AND ADDRESS OF CERTIFIER (Type/print) W. Kurt Birkenhagen, M.D., 1448 E. Center, Pocatello, ID 83201						
TO BE USED FOR EXTERNAL CAUSES ONLY CORONER'S REVIEW AREA REGISTRAR		DATE OF INJURY (Mo, Day, Yr) April 9, 1994		HOUR OF INJURY 3:53		DESCRIBE HOW INJURY OCCURRED		
		INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home		
		CORONER'S ACTION (Check One) ☐ (1) Reviewed Only ☐ (2) Reviewed, Completed Items 26 and/or 30 ☐ (3) Reviewed, Amended and Certified		CORONER'S SIGNATURE <i>John S. Smith</i>		DATE SIGNED (Month, Day, Year) April 14, 1994		

VITAL STATISTICS COPY

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

APR 22 1994

MICROFILMED

AUG 08 2001

JANE S. SMITH
State Registrar

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, 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
35-12215 p.d.					

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$25.00
- B. A copy of the most recent ~~DEED, TITLE POLICY, CONTRACT OF SALE~~ Copy of Death Certificate 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) are 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) Marvin L. Ruff

4. New Owner/Claimant(s) Suzanne Ruff

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

New Mailing Address P.O. Box 592

City, State and ZIP Code Aberdeen, Idaho 83210

New Telephone Number 1 (208) 397-4337

5. Date you acquired the property April 9, 1994 Date of Death

Sept. 25, 1995, June 27, 1995 **MICROFILMED**

AUG 08 2001

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) Suzanne Ruff
(include title if applicable)

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

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AUG 08 2001

For Office Use Only

Received by _____ Date _____ Fee 25⁰⁰
 Received by J. Barlow Date 3/26/01 Receipt No. C052886
 Processed by _____ AJ Date _____ WR _____ Date _____

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

2206

APR 18 1994

State of Idaho CERTIFICATE OF DEATH

State File No.

Local Reg. No. 6149

DECEDENT	NAME: Marvin Lee Ruff		SEX: Male	DATE OF DEATH (Month, Day, Year): April 9, 1994
	SOCIAL SECURITY NUMBER: 519 38 6456	AGE: Last Birthday (Years): 53	UNDER 1 YEAR: MONTHS: 1 DAYS: 1	DATE OF BIRTH (Month, Day, Year): April 4, 1941
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	HVS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one): (1) ☒ Inpatient (2) ☐ ER/Outpatient (3) ☐ DQA (4) ☐ Licensed Nursing Home (5) ☐ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify):	
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number): Pocatello Regional Medical Center		CITY, TOWN OR LOCATION OF DEATH: Pocatello COUNTY OF DEATH: Bannock	
NAME OF DECEDENT For use by physician or institution	MARRIAGE STATUS: Married SURVIVING SPOUSE (If wife, give maiden name): Suzanne Mopps		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Farmer KIND OF BUSINESS / INDUSTRY: Sugar Beets	
	RESIDENCE STATE: Idaho COUNTY: Binham CITY, TOWN OR LOCATION: Aberdeen	STREET AND NUMBER: 166 W. Cassia	ZIP CODE: 83210	
PARENTS	FATHER - NAME: Herbert Ruff BIRTHPLACE: ND		MOTHER - FULL MAIDEN NAME: Bessie Rowlands BIRTHPLACE: Colorado	
	INFORMANT'S NAME (Type/Print): Suzanne Ruff		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): P.O. Box 592, Aberdeen, ID 83210	
DISPOSITION	METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify):		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Aberdeen Cemetery LOCATION: Aberdeen, Idaho	
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: <i>Mark [Signature]</i> LICENSE NUMBER: M-738		NAME AND ADDRESS OF FACILITY: Davis Mortuary, 170 Idaho Street, P.O. Box 413, American Falls, ID 83211	
CAUSE OF DEATH	TIME OF DEATH: 3:53 A. DATE OF DEATH: April 9, 1994		MANNER OF DEATH (Check One): ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
	27. PART I: Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (First disease or condition resulting in death): Myocardial Infarction DUE TO (or as a consequence of): Hemorrhage & Shock DUE TO (or as a consequence of): Disseminated Intravascular Coagulation DUE TO (or as a consequence of): Septic Sepsis DUE TO (or as a consequence of): Subarachnoid Hemorrhage			
CERTIFIER	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	
	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.		WHERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No	
CORONER'S REVIEW AREA	SIGNATURE AND TITLE OF CERTIFIER: <i>[Signature]</i>		LICENSE NUMBER: M-3705 DATE SIGNED (Month, Day, Year): 4/14/94	
	NAME AND ADDRESS OF CERTIFIER (If Physician): W. Kurt Birkenhagen, M.D. 1448 E. Center, Pocatello, ID 83201			
REGISTRAR	DATE OF INJURY (Month, Day, Year): April 9, 1994 HOUR OF INJURY: 3:53 A.		DESCRIBE HOW INJURY OCCURRED:	
	INJURY (If Work): ☐ Yes ☒ No TRANSPORTATION ACCIDENT: ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):	
REGISTRAR	CORONER'S ACTION (Check One): ☐ Reviewed Only ☐ Reviewed, Completed Items 26 and/or 30 ☐ Reviewed, Amended and Certified		CORONER'S SIGNATURE: <i>[Signature]</i> DATE SIGNED (Month, Day, Year): April 14, 1994	
	REGISTRAR'S SIGNATURE: <i>[Signature]</i>		DATE FILED (Month, Day, Year): April 14, 1994	

VITAL STATISTICS COPY

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED:

APR 22 1994

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AUG 08 2001

JANE S. SMITH
State Registrar

435967

PERSONAL REPRESENTATIVE'S DEED

WHEREAS, Grantor is the qualified personal representative of said estate, filed as probate No. SP 94-244, Bingham County Magistrate Court;

NOW, THEREFORE, by this Deed, SUZANNE RUFF, as personal representative of the Estate of Marvin Ruff, deceased, Grantor, does hereby grant, bargain, sell and convey to SUZANNE RUFF, a widow, the Grantee, the following described property in Bingham County, Idaho:

The NE $\frac{1}{4}$ of Section 26, Township 5 S, Range 30 E.B.M., as contained in the records of the Bingham County Assessor.

TOGETHER WITH all singular, tenements, hereditaments and appurtenances thereto belonging or in anyway appertaining.

EXECUTED this 22 day of June, 1995.

Suzanne Ruff
PERSONAL REPRESENTATIVE

STATE OF IDAHO

County of Power

ss.

On this 22 day of June, 1995, before me, a Notary Public in and for said State, personally appeared SUZANNE RUFF, known to me to be the personal representative of the Estate of Marvin Ruff, and to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

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



John A. Ruff
NOTARY PUBLIC FOR IDAHO

Residing at: *American Fork*
Commission expires: *9-11-98*

435967

MICROFILMED

AUG 08 2001

RECORDED AT THE REQUEST OF
Bingham County
JUL 5 AM 9 48
JUL 5 1995
BY RECORDS
CLERK

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA)
Case No. 39576)
_____)

PARTIAL DECREE PURSUANT TO NOV 28 PM 3:12
I.R.C.P. 54(b) FOR

Water Right 35-12215 DISTRICT COURT-SRBA
TWIN FALLS CO., IDAHO
FILED _____

NAME & ADDRESS: MARVIN L RUFF
PO BOX 592
ABERDEEN ID 83210

SOURCE: GROUNDWATER

QUANTITY: 0.09 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000
GALLONS PER DAY.

PRIORITY DATE: 10/03/1974

POINT OF DIVERSION: T05S R30E S26 NWSENE Within BINGHAM County

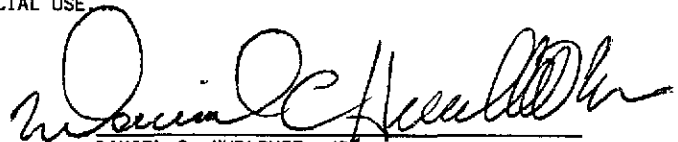
PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	STOCKWATER	01-01 12-31	0.09 CFS

PLACE OF USE: STOCKWATER Within BINGHAM County
T05S R30E S26 SENE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A
DETERMINATION OF HISTORICAL BENEFICIAL USE

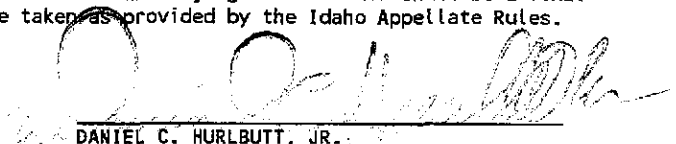
DATED:


DANIEL C. HURLBUTT, JR.
PRESIDING JUDGE
Snake River Basin Adjudication

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a final judgment and that the court has and does hereby direct that the above judgment or order shall be a final judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

DATED:


DANIEL C. HURLBUTT, JR.
PRESIDING JUDGE
Snake River Basin Adjudication

PARTIAL DECREE PURSUANT TO I.R.C.P. 54(b)
Water Right 35-12215

MICROFILMED
AUG 08 2001

PAGE 1
OCT-21-1997

1998 NOV 28 PM 02:00
DISTRICT COURT - SRBA
TWIN FALLS CO., IDAHO
FILED _____

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA)
)
Case No. 39576)
_____)

CERTIFICATE OF MAILING

Water Right(s): 35-12215

CERTIFICATE OF MAILING

I certify that a true and correct copy of the PARTIAL DECREE
PURSUANT TO I.R.C.P. 54(b) for WATER RIGHT 35-12215 was mailed
on November 28, 1998, with sufficient first-class postage prepaid
to the following:

DIRECTOR OF IDWR
PO BOX 83720
BOISE, ID 83720-0098

MARVIN L RUFF
PO BOX 592
ABERDEEN, ID 83210
Phone: 208-397-4337

DIANA DELANEY
Chief Deputy Clerk

MICROFILMED
AUG 08 2001

CERTIFICATE OF MAILING

PAGE 1
11/07/97

MARVIN L RUFF
PO BOX 592
ABERDEEN, ID 83210

MICROFILMED

AUG 08 2001



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

July 25, 2001

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

SUZANNE RUFF
PO BOX 592
ABERDEEN ID 83210-0592

RE: Change of Ownership for Water Right 35-12215

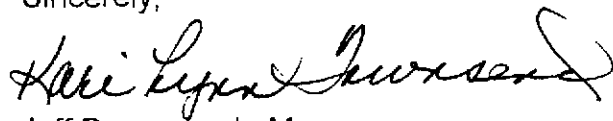
Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right to you. The department has modified its records to reflect the change in ownership and has enclosed a computer-generated report for your records. Also enclosed is a receipt for the \$25.00 filing fee.

Please note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address of the owner of a water right to the department. Notice of the change must be provided to the department within 120 days of the change. Change reporting forms are available from any office of the department.

Please feel free to contact this office if you have any questions regarding this matter.

Sincerely,

for 
Jeff Peppersack, Manager
Water Right Permits Section

JP:klt

Enclosure

MICROFILMED

AUG 08 2001

A. L. MERRILL (1886-1961)
R. D. MERRILL (1893-1972)
WESLEY F. MERRILL (RETIRED)
DAVE R. GALLAFENT
STEPHEN S. DUNN
D. RUSSELL WIGHT
DAVID C. NYE*
KENT L. HAWKINS*
THOMAS W. CLARK
THOMAS J. LYONS
BRENDON C. TAYLOR
*ALSO ADMITTED IN UTAH

MERRILL & MERRILL
CHARTERED
COUNSELORS AND ATTORNEYS AT LAW
109 NORTH ARTHUR - 5TH FLOOR
P.O. BOX 991
POCATELLO, ID 83204-0991

TELEPHONE
208-232-2286
TELEFAX
208-232-2499
E-MAIL
MMLAW@MERRILLANDMERRILL.COM

March 27, 2001

RECEIVED

MAR 30 2001

Department of Water Resources

Kari Lynn Townsend
Idaho Department of Water Resources
1301 N. Orchard St.
Boise, ID 83706

Re: *Water Right No. 35-12215*

Dear Kari Lynn:

Enclosed please find copies of the two (2) Personal Representative's Deeds that we discussed on the telephone today.

Should you have any questions or concern on this matter, please contact me. Thank you for your assistance.

Very truly yours,

MERRILL & MERRILL, CHARTERED



Thomas J. Lyons
TJL/3924

Enclosures

cc: Suzanne Ruff (w/out enclosures)

cc:

cc:

cc:

MICROFILMED

AUG 08 2001

A. L. MERRILL (1886-1961)
R. D. MERRILL (1893-1972)
WESLEY F. MERRILL (RETIRED)
DAVE R. GALLAFENT
STEPHEN S. DUNN
D. RUSSELL WIGHT
DAVID C. NYE*
KENT L. HAWKINS*
THOMAS W. CLARK
THOMAS J. LYONS
BRENDON C. TAYLOR
*ALSO ADMITTED IN UTAH

MERRILL & MERRILL
CHARTERED
COUNSELORS AND ATTORNEYS AT LAW
109 NORTH ARTHUR - 5TH FLOOR
P.O. BOX 991
POCATELLO, ID 83204-0991

TELEPHONE
208-232-2286
TELEFAX
208-232-2499
E-MAIL
MMLAW@MERRILLANDMERRILL.COM

March 22, 2001

RECEIVED

MAR 26 2001

Department of Water Resources

Kori Lynn Townsend
Idaho Department of Water Resources
1301 N. Orchard St.
Boise, ID 83706

Re: *Water Right No. 35-12215 p.d.*

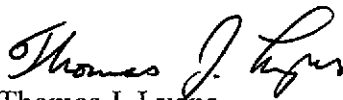
Dear Kori:

Enclosed please find a Notice of Change in Water Right Ownership and accompanying documents which are submitted for filing in reference to the above-entitled water right. You will also find enclosed a check for \$25.00 for filing fees.

Should you have any questions or concern on this matter, please contact me. Thank you for your assistance.

Very truly yours,

MERRILL & MERRILL, CHARTERED


Thomas J. Lyons
TJL/gs/3924

Enclosures

cc: Suzanne Ruff

MICROFILMED

AUG 08 2001