

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED

MAR 30 2006

DEPARTMENT OF
WATER RESOURCES

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
63-32178					

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)

James Fuller

4. New Owner/Claimant(s)

Lois Jean Fuller

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

New Mailing Address

555 Antigua

City, State and ZIP Code

Meridian, Idaho 83642

New Telephone Number

208, 888 1116

5. Date you acquired the property

April 1, 1986

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)

Lisa Jean Tuller

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 ALT Date 3.30.06 Fee N/A
 Receipted by _____ Date _____ Receipt No. _____
 Processed by _____ AJ Date _____ WR _____ Date _____

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GENERAL POWER OF ATTORNEY

DEPARTMENT OF
WATER RESOURCES

KNOW ALL MEN BY THESE PRESENTS: That JAMES W. FULLER, State of Idaho, has made, constituted and appointed, and by these presents does make, constitute, and appoint LOIS JEAN FULLER, aka LOIS J. FULLER, of Meridian, County of Ada, State of Idaho, my true and lawful attorney for and in my name, place and stead, and for the use and benefit, to ask, demand, sue for recover collect, and receive all such sums of money, debts, dues, accounts, legacies, bequests, interest, dividends, annuities, and demands whatsoever, as are now or shall hereafter become due, owing, payable or belonging to me, and have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, by attachments, arrests, distress or otherwise, and to compromise and agree for the same, and acquittances, or other sufficient discharges for the same, for me and in my name, to make, seal, and deliver; to bargain, contract, agree for, purchase, receive, and take lands, tenements, hereditaments, and accept the seisin and possession of all lands, and all deeds and other assurances in the law therefor, and to lease, let demise, bargain, sell remise, release, convey, mortgage, and hypothecate lands, tenements, and hereditaments upon such terms and conditions, and under such covenants as they shall think fit. Also, to bargain and agree for, buy, sell, mortgage, hypothecate, and in any and every way and manner deal in and with goods, wares, and merchandise, chooses in action, and other property in possession or in action, and to make, do, and transact all and every kind of business of what nature or kind soever, and also for me and in my name and as they act and deed to sign, seal, execute, deliver, and acknowledge such deeds, leases, and assignment of leases, covenants, indentures, agreements, mortgages, hypothecation, bottomries, charterparties, bills of lading, bills, bonds, notes, receipts, evidences of debt, releases, and satisfaction of mortgages, judgments and other debts, and such other instruments in writing of whatever kind and nature as may be necessary or proper in the premises.

Giving and granting unto my aforementioned attorney or attorneys full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present hereby ratifying and confirming all that my said attorney/attorneys shall lawfully do or cause to be done by virtue of these presents.

John Fitzgerald
Lead BBHual
1014
1014

THIS POWER OF ATTORNEY SHALL CONTINUE TO BE IN FULL FORCE
AND EFFECT IN THE EVENT OF MY DISABILITY.

IN WITNESS WHEREOF, I have hereunto set my hand this 10th day
of February, 1995.

James W. Fuller
JAMES W. FULLER

STATE OF IDAHO)
 : ss
County of Ada)

On this 10th day February, 1995, before me the undersigned, a
Notary Public in and for said State, personally appeared JAMES W.
FULLER, known to me to be the person whose name is subscribed to
the foregoing instrument, and acknowledged to me that he executed
the same.

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

(SEAL)

John O. Fitzgerald
Notary Public for Idaho
Residence: Meridian
My Commission Expires: 8-18-98

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

RECEIVED

MAR 30 2005

DEPARTMENT OF
WATER RESOURCES **3286**

MAY 14 2001

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE HANDED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 25-2025 & 25-221

State File No. _____
Local Reg. No. _____

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. NAME OF DECEDENT For use by physician or coroner	DECEDENT - NAME JAMES		LAST WAITSTILL FULLER		SEX - Male	DATE OF DEATH (Month, Day, Year) May 9, 2001	
	SOCIAL SECURITY NUMBER 519-24-7707		AGE - Last Birthday (M/A) 71	UNDER 1 YEAR DURING 1 YEAR	UNDER 1 DAY DURING 1 DAY	DATE OF BIRTH (Month, Day, Year) February 5, 1930	BIRTHPLACE (City and State or Foreign Country) Boise, Idaho
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) HOSPITAL (1) ☒ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA OTHER (4) ☐ Long-Term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify) _____				
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) St. Alphonsus Regional Medical Center		CITY, TOWN OR LOCATION OF DEATH Boise		COUNTY OF DEATH Ada		
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If with, give maiden name) Jean Campbell		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Farmer and Developer		KIND OF BUSINESS / INDUSTRY Farming Self-Employed	
RESIDENCE STATE Idaho		COUNTY Ada	CITY, TOWN OR LOCATION Meridian		STREET AND NUMBER 555 E. Antigua		ZIP CODE 83642
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) Caucasian		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) ☐ College (1-4 or 5+) ☐	
PARENTS FATHER - NAME James F. Fuller		BIRTHPLACE Iowa		MOTHER - FULL MAIDEN NAME Irma Lillian Lovely		BIRTHPLACE Oregon	
INFORMANT INFORMANT'S NAME (Type/Print) Jean Fuller (wife)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 555 E. Antigua Meridian, Idaho 83642					
DISPOSITION METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Riverside Crematory		LOCATION - City or Town, State Boise, Idaho			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		LICENSE NUMBER (If Licensed) M-745		NAME AND ADDRESS OF FACILITY Accent Funeral Home 1303 E. 1st Meridian, Idaho 83642			
TIME OF DEATH 5:35 P.		DATE OF DEATH (Month, Day, Year) May 9, 2001		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
CAUSE OF DEATH 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. Pneumonia DUE TO (or as a consequence of): b. Aspiration syndrome DUE TO (or as a consequence of): c. Parkinson disease DUE TO (or as a consequence of): d. _____ Approximate Interval Between Onset and Death 1 week 1 week years							
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.							
SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> MD		LICENSE NUMBER 11-4500		DATE SIGNED (Month, Day, Year) 5/11/01			
NAME AND ADDRESS OF CERTIFIER (Type/Print) Fred Fender M.D. 1001 N. Meridian Rd Meridian, Idaho 83642							
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		LOCATION (Street or Route Number, City/Town, or County, and State)	
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)			
CORONER'S REVIEW AREA CORONER'S ACTION I have reviewed and/or amended, and certified. _____		CORONER'S SIGNATURE <i>[Signature]</i>		DATE SIGNED (Month, Day, Year) MAY 14 2001			
REGISTRAR REGISTRAR'S SIGNATURE <i>[Signature]</i>				DATE FILED (Month, Day, Year) MAY 14 2001			

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.

MAY 14 2001

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

[Signature]
JANE S. SMITH
STATE REGISTRAR

