



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov.

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

March 28, 2006

MARION SALVESEN LIVING TRUST
697 E 2ND N
DOWNEY ID 83234

RE: Notice of Change of Ownership for Water Rights 29-2115B & 29-11006

Dear Interested Parties:

Our letters of June 29, 2005 (copies enclosed) requesting evidence of water right ownership for the above referenced water right ownership changes remain unanswered. Therefore, I am returning the Notice of Change in Water Right Ownership requests. Copies of your ownership change request information will be kept in our files for reference.

If, at a later date, you wish to reinstate this request you may send the enclosed ownership change request form along with the required support data we will be happy to complete the request for you.

If you have any questions regarding this matter, please call me at 208-287-4952.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kari Lynn Townsend', is written over a horizontal line.

Kari Lynn Townsend
Secretary

KLT:k

Enclosure

RECEIVED
OCT - 1 2001

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 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
29-02115B	~~29-02115B~~				

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)

Herman D. Salvessen
Rt 1 Box 13 Downey, ID 83234.

4. New Owner/Claimant(s)

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

City, State and ZIP Code

New Telephone Number

Marion Salvessen Living Trust
697 E. 2nd North Downey, ID
(208) 897-5510 5310 83234
Jan. 27. 1998

5. Date you acquired the property

COPY

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) Marion M. Salvesen Trustee
(include title if applicable) _____

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>CB</u>	Date <u>9/25/01</u>	Fee <u>\$25.00</u>	
Received by <u>JH</u>	Date <u>10/2/01</u>	Receipt No. <u>5056642</u>	
Processed by _____	AJ Date _____	WR _____	Date _____

COPY

DIANE BILYEU
BANNOCK COUNTY ASSESSOR
P.O. BOX 4969
POCATELLO, ID 83205-4969

**ASSESSMENT NOTICE
& ESTIMATE OF TAX**

**THIS IS NOT A BILL.
DO NOT PAY.**

2001

For any questions, please notify the Assessor's Office immediately

PARCEL DESCRIPTION:

NE4 160AC; NE4SE4 40 AC
E2NW4 80 AC; LOT 1 41.85 AC
TR W2SE4 TAX 1 70.50 AC
S31-T11S-R38E

Assessor's Telephone Number:

208-236-7268

PARCEL ADDRESS:

*****AUTOCR**R001



SALVESEN, HERMAN D
& MARION SALVESEN TRUST
697 E 2ND N
DOWNEY ID 83234-1681

Appeals of your property value must be filed in
writing, on a form provided by the County, by:
JUNE 25, 2001

Tax Code Area: 004900

Parcel Number: R4435003000

ASSESSED VALUE OF YOUR PROPERTY

CURRENT DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
03 INV NON-IRR AG	332.000	36,736	37,848
05 INV DRY GRAZ	59.000	944	1,003
32 IMP ON CAT 1-9		700	700
SUBTOTAL:	391.000	38,380	39,551
LESS HOMEOWNERS EXEMPTION:		38,380	39,551
NET TAXABLE PROPERTY VALUE:			

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

ESTIMATED PROPERTY TAXES

TAXING DISTRICTS	LAST YEAR'S TAXES	CURRENT YEAR'S ESTIMATED TAXES	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY	218.31	224.98	208-236-7211	AUG 23, 2001
SCHOOL NO. 21	207.86	214.21	208-254-3306	JUNE 12, 2001
BAN FREE LIB	14.48	14.92	208-897-5270	AUG 15, 2001
DOWN-SWAN HWY	29.31	30.21	208-897-5288	
MARSH VAL CEM	13.92	14.34	208-897-5658	
AMBULANCE	10.06	10.36	208-236-7211	AUG 23, 2001
<i>Burk</i> SUBTOTAL:	493.94	509.02	COPY	
FEES:	1.12	1.12		
TOTAL PROPERTY TAXES & FEES:	495.06	510.14		

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details

0002161

DIANE BILYEU (208) 236-7260
BANNOCK COUNTY ASSESSOR
PO BOX 4969
POCATELLO ID 83205-4969

ADDRESS SERVICE REQUESTED

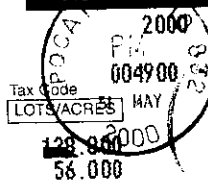
CATEGORY DESCRIPTION

03 INV NON-IRR AG
05 INV DRY GRAZ

Total Market Value:

** LEGAL DESCRIPTION **
TR LOT 4 TX 3 28 AC; TX 1 156A
S30-T11S-R38E

ASSESSMENT NOTICE



MARKET VALUE

14,288
1,046

15,334

Taxes are based on the
valuation listed on this statement

FOR ANY QUESTIONS
PLEASE NOTIFY THE
ASSESSOR'S OFFICE BEFORE
JUNE 23, 2000

PARCEL # R4435002700

Barrup

PROPERTY ADDRESS

VALUE: PRIOR YEAR 15,175

TAX: PRIOR YEAR 202.32

See back for details.

CURRENT YEAR

15,334

ESTIMATED

204.44

Mail To:

SALVESEN, HERMAN
& MARION SALVESEN
LIVING TRUST
697 E 2ND N
DOWNEY ID 83234-1681

DO NOT PAY ESTIMATE

83234+1681



COPY

DIANE BILYEU (208) 236-7260
BANNOCK COUNTY ASSESSOR
PO BOX 4969
POCATELLO ID 83205-4969

ADDRESS SERVICE REQUESTED

CATEGORY DESCRIPTION

03 INV NON-IRR AG
05 INV DRY GRAZ
19 WASTE
32 IMP DN CAT 1-9

Total Market Value:

** LEGAL DESCRIPTION **
NE4 160AC; NE4SE4 40 AC
E2NW4 80 AC; LBT 1 41.85 AC
TR W2SE4 TAX 1 70.50 AC
S31-T113-R3BE

ASSESSMENT NOTICE

POCATELLO
MAY 2000
Tax Code 004900
LOTS/ACRES 59.000
1.350

MARKET VALUE

36,738
944

700

38,380

Taxes are based on the
valuation listed on this statement

FOR ANY QUESTIONS
PLEASE NOTIFY THE
ASSESSOR'S OFFICE BEFORE

JUNE 23, 2000

PARCEL # R4435003000

Burrap

PROPERTY ADDRESS

VALUE:

TAX:

See back for details.

PRIOR YEAR

38,021

PRIOR YEAR

506.88

CURRENT YEAR

38,380

ESTIMATED

511.68

Mail To:

SALVESEN, HERMAN D
& MARION SALVESEN TRUST
697 E 2ND N
DOWNEY ID 83234-1681

DO NOT PAY ESTIMATE

83234-1681



COPY

STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on
this form is limited under
the Vital Statistics Act
and Rules

LOCAL FILE NUMBER 03-036		STATE FILE NUMBER	
1. NAME OF DECEDENT HERMAN FIRST DOUGLAS LAST		2. SEX MALE	3a. DATE OF DEATH (Mo., Day, Yr.) JAN. 27, 1998
3b. TIME OF DEATH (24hr. clock) 2030			
4. DATE OF BIRTH (Mo., Day, Yr.) APR. 30, 1911	5. AGE - (Last Birthday) 86	6. BIRTHPLACE (City & State or Foreign Country) DOWNEY, IDAHO	
7. SOCIAL SECURITY NUMBER 519-10-2766			
8a. PLACE OF DEATH (Check only one) ☐ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. DCA ☒ 4. Nursing Home ☐ 5. Residence ☐ 6. Other HOSPITAL: LOGAN		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) SUNSHINE TERRACE	
9. SURVIVING SPOUSE (if wife, give maiden name) MARION MOCK			
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☐ 1. Yes ☒ 2. No		11. MARITAL STATUS ☐ 1. Never Married ☒ 2. Married ☐ 3. Widowed ☐ 4. Divorced	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) FARMER/RANCHER		12b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
13a. RESIDENCE - STREET AND NUMBER 697 E. 200 N.		13b. CITY, TOWN OR COMMUNITY DOWNEY CITY	13c. COUNTY BANNOCK
13d. STATE IDAHO			
14. WAS DECEDENT OF HISPANIC ORIGIN? ☐ 1. Yes ☒ 2. No (If yes, Specify)		15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) WHITE	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17 +) 11			
17. FATHER'S NAME (First, Middle, Last) GEORGE S. SALVESEN		18. MAIDEN NAME OF MOTHER (First, Middle, Last) ELIZABETH JOHNSON	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT MARION M. SALVESEN... WIFE... 697 E. 200 N. DOWNEY CITY, IDAHO 83234			
20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☒ 6. Removal		21a. DATE OF DISPOSITION JAN. 31, 1998	21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) DOWNEY CEMETERY
21c. LOCATION - City or Town, State DOWNEY CITY, IDAHO			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		23. LICENSEE NUMBER M-607	24. FUNERAL HOME (Name, address and license number) HORSLEY FUNERAL HOME FE-6 132 W. 300 N. MALAD CITY, IDAHO
25. DATE DECEDENT WAS LAST ATTENDED BY CERTIFYING PHYSICIAN JAN. 27, 1998		26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No If yes, enter the date and hour reported: M.E. Case No. _____ HOUR MO. DAY YEAR	
27a. CERTIFIER ☒ 1. CERTIFYING 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. ☐ 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER 71-152255-1205	27d. DATE SIGNED (Mo., Day, Yr.) 2-2-98
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) DR. RUSSELL N. HIRST 1565 S. 800 E. LEWISTON, UTAH 84320			
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) Jan. 29, 1998	30b. DATE FILED (Mo., Day, Yr.) Feb. 3, 1998
31. PART 1 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) Acute myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT ☐ 1. Probably contributed to the cause of death. ☐ 2. Was the underlying cause of death. ☐ 3. Did not contribute to the cause of death. ☐ 4. Is unknown in relation to the cause of death.			
33a. WAS AN AUTOPSY PERFORMED? ☐ 1. Yes ☒ 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☐ 2. No	
34. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined (If insured, Purposely or Accidentally)		35a. DATE OF INJURY (Mo., Day, Yr.) 35b. TIME OF INJURY (24 Hour Clock) 35c. INJURY AT WORK? ☐ 1. Yes ☐ 2. No 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 35e. LOCATION (Street or rural route number, city or town, county and state) 35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian. 35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: AUG 26 1998

Barry E Nangle

COPY

Cedar River Health Dept.
JOHN C. BAILEY, M.D.

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

Registrar

By



LL 533562

* 0 0 5 3 3 5 6 2 *

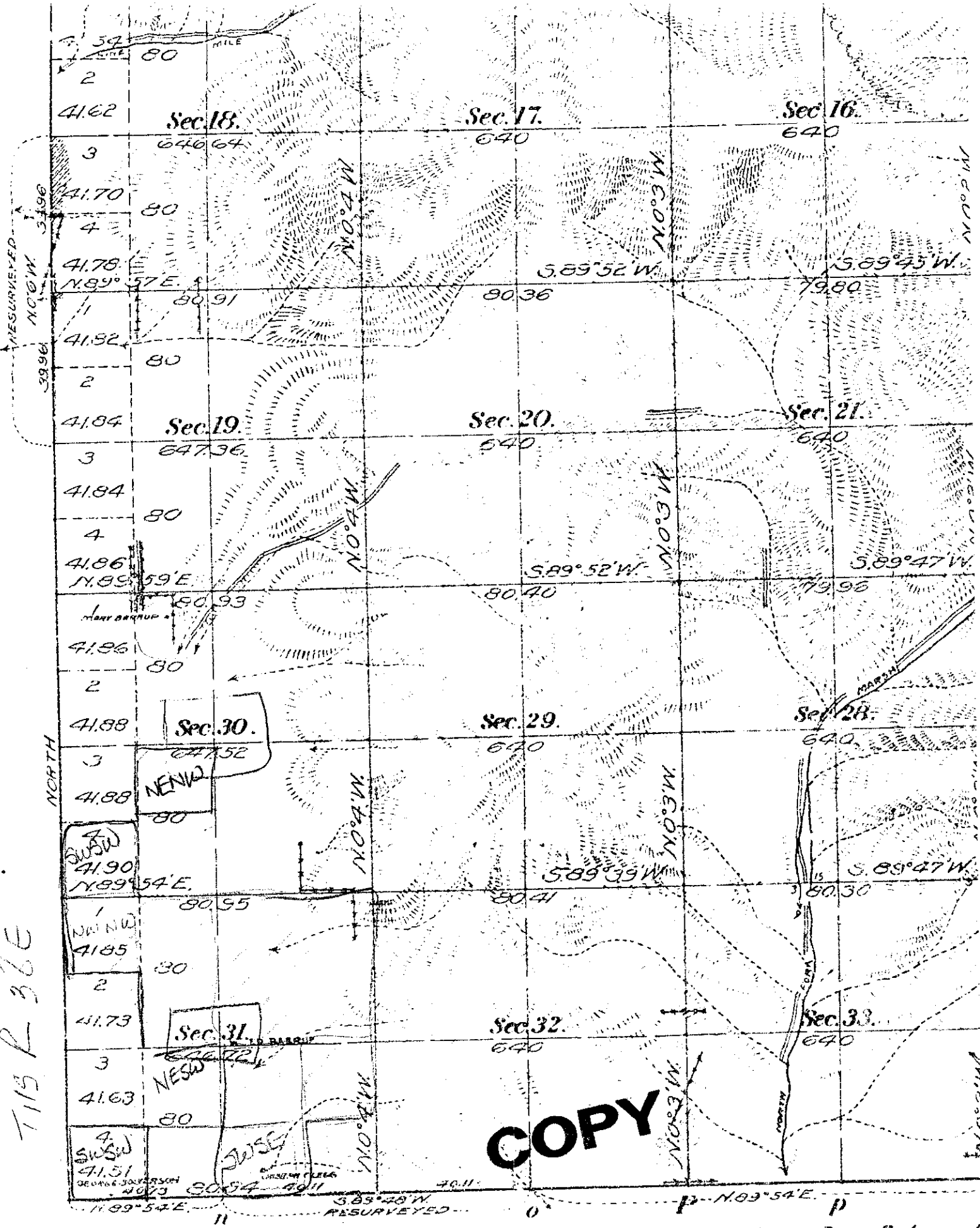
Laye Parson



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

24-21156

T113 R 32E



Total number of Acres /

Surveys Designated	By Whom Surveyed	Date of Contract	Amount of Surveys Ch. Lk.	When Surveyed
		No.		