

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

RECEIVED
 JUN 8 6 2005
 MAY 27 2005
 Department of Water Resources
 Southern 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, 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
36 - 7483	7				

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) 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)

Vernon Mason
Julia Kay Mason

4. New Owner/Claimant(s)

Vernon & Beth Mason
 Name Connector (Check one): ☐ and, ☐ or, ☒ and/or

New Mailing Address

2769 N. Wendell Rd.

City, State and ZIP Code

Wendell, ID 83355

New Telephone Number

(208) 536-2157

5. Date you acquired the property

Re-married 1999 April 25

\$ 25

Death Certificate

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) _____

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 NT Date 5/27/05 Fee \$ 25.00
 Receipted by NT Date 5/27/05 Receipt No. 5027708
 Processed by AJ Date _____ WR _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

DATE FILED: FEBRUARY 28, 1997

STATE FILE NUMBER: 97-01288

DECEDENT: JULIA KAY MASON

DATE OF DEATH: FEB. 18, 1997 PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: JULY 29, 1930 PLACE OF BIRTH: IDAHO

AGE: 66 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: MARRIED SURVIVING SPOUSE: VERNON MASON

SOCIAL SECURITY NUMBER: 518-38-9673 RESIDENCE: WENDELL, IDAHO

FATHER: WESLEY A. SALISBURY
FATHERS BIRTHPLACE: COLORADO
MOTHER (MAIDEN): CORA MARGARET WOODARD
MOTHERS BIRTHPLACE: NEBRASKA

MORTUARY: DEMARAY FUNERAL SERVICE
MORTICIAN: DWAIN MARK DEMARAY

GOODING, IDAHO
DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: RONALD K. FULLMER, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

- A. GROUP A STREPTOCOCCAL PNEUMONIA
- B. SEPTIC SHOCK 2ND TO #A.
- C. SEVERE COPD

4 DAYS
4 DAYS
8 YEARS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

OLIGURIC ACUTE RENAL FAILURE

MANNER OF DEATH: NATURAL

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: MARCH 11, 1997

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

