

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

RECEIVED

JUL 27 2005

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
25-13046					

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

☒ A The appropriate **FILING FEE** See instructions for fee amounts.

☒ 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**

☒ 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)

SUSAN M ADAMS

- 4 New Owner/Claimant(s)

4986 E. Ririe Hwy

Idaho Falls, ID 83401

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

Dennis M Adams or SUSAN M ADAMS

New Mailing Address

SAME

City, State and ZIP Code

New Telephone Number

(208) 524-4728

- 5 Date you acquired the property

1983

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)

X Susan M Adams

Kenneth M. Adams

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 MC Date 7-27-05 Fee \$25.00
 Receipted by MC Date 7-27-05 Receipt No. C098698
 Processed by _____ AJ Date _____ WR _____ Date _____

1053588 JUL27'01 PM 3 49

QUITCLAIM DEED

FOR VALUABLE CONSIDERATION RECEIVED, Susan M. Adams, formerly known as Susan M. Lease, a married person, the Grantor, does hereby REMISE, RELEASE and forever QUITCLAIM unto Susan M. Adams and Dennis M. Adams, married persons, the Grantees, whose current address is 4986 East Ririe Highway, Idaho Falls, Idaho, the following described real estate situated in Bonneville County, State of Idaho, described as follows:

TRACT 1

Beginning at the Southwest corner of Section 25, Township 3 North, Range 38 East of the Boise Meridian; running thence N. 89°25'32"E. along the Section line 2644.92 feet to the South 1/4 corner of said Section 25; thence N 00°25'54"E. along the East line of the Southwest 1/4 of said Section 25 a distance of 1105.79 feet to the TRUE POINT OF BEGINNING; running thence S. 50°56'41"W. 266.90 feet; thence S 72°24'18"W. 95.23 feet; thence N. 79°22'43"W. 88.38 feet; thence N. 04°35'27"E. 547.53 feet more or less to the Southeasterly Right-of-Way line of U.S. Highway No. 26; thence N50°22'13" E. along said Highway Right-of-Way 449.22 feet more or less to said East line of the Southwest 1/4; thence S. 00°25'54"W. along said East line 651.66 feet more or less to the TRUE POINT OF BEGINNING, SUBJECT TO: existing easements of record.

TRACT 2

Beginning at the Southwest corner of Section 25, Township 3 North, Range 38 East of the Boise Meridian; running thence N 89°25'32"E. along the Section line 1322.46 feet to the TRUE POINT OF BEGINNING, said TRUE POINT OF BEGINNING being the Southwest corner of the East 1/2 of the Southwest 1/4 of said Section 25; running thence N. 89°25'32"E. 1322.46 feet to the South 1/4 corner of said Section 25; thence N 00°25'54"E. along the East line of the Southwest 1/4 of said Section 1105.79 feet; thence S. 50°56'41"W. 266.90 feet; thence S 72°24'18"W. 95.23 feet; thence N. 79°22'43"W. 88.38 feet; thence N. 04°35'27"E. 547.53 feet more or less to the Southeasterly Right-of-Way line of U.S. Highway No. 26; thence S50°22'13" W. along said Right-of-Way 1275.14 feet more or less to West line of the East 1/2 of the Southwest 1/4 of said Section 25; thence

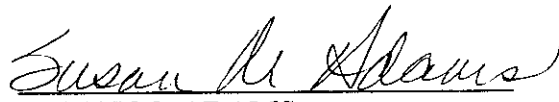
S.00°38'46"W. along said West line 670.86 feet more or less to the TRUE POINT OF BEGINNING, SUBJECT TO: existing easements of record.

TOGETHER, with all tenements, hereditaments and appurtenances there unto belonging.

In construing the Deed and where the context so requires, the singular includes the plural and the masculine, the feminine and neuter.

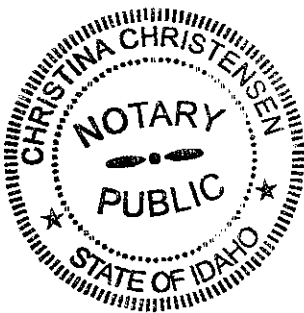
Grantor hereby conveys to Grantees all her right, title and interest in said real estate now owned or hereafter acquired by them.

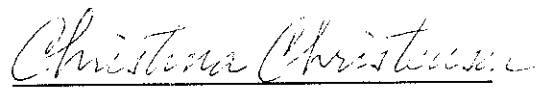
DATED this 27 day of July, 2001.


SUSAN M. ADAMS
f/k/a SUSAN M. LEASE
Grantor

STATE OF IDAHO)
 : ss.
County of Bonneville)

On this 27th day of July, 2001, before me, the undersigned Notary Public, personally appeared Susan M. Adams, formerly known as Susan M. Lease, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.




Notary Public for Idaho
Commission Expires: 9/28/06

2- QUITCLAIM DEED - qu2-deed.ada/lj

INSTRUMENT NO	<u>1053588</u>
DATE	<u>7-27-01</u>
INST CODE	<u>220</u>
IMAGED PGS	<u>2</u>
FEE	<u>6.00</u>
STATE OF IDAHO) COUNTY OF BONNEVILLE) ss	
I hereby certify that the within instrument was recorded.	
Ronald Longmore, County Recorder	
By <u>RLH</u>	Deputy
Request of <u>Hart Law Office</u>	

Vital Statistics
Statehouse
Boise, Idaho 83720

STATE OF IDAHO

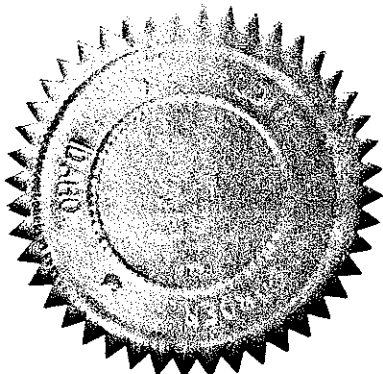
County File No. 902740

County of BONNEVILLE

Marriage License

KNOW ALL PERSONS BY THIS CERTIFICATE: That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination of Christians, Hebrews, or religious body of which said minister is a member, or any judge or magistrate, or competent officer to whom this may come, not knowing of any lawful impediments thereto, is hereby authorized and empowered to solemnize the rites of Matrimony between:

GROOM				AND				BRIDE			
1 Full Name <u>DENNIS M. ADAMS</u>				9 Full Name <u>SUSAN M. LEASE</u>							
2 Address <u>IDAHO FALLS BONNEVILLE IDAHO</u>				10 Address <u>IDAHO FALLS BONNEVILLE IDAHO</u>							
3 Age <u>49</u> 4 Race <u>HISPANIC</u> 5 Single <u>X</u> 6 Widowed <u>X</u> 7 Divorced <u>X</u>				11 Age <u>39</u> 12 Race <u>WHITE</u> 13 Single <u>X</u> 14 Widowed <u>X</u> 15 Divorced <u>X</u>							
8 Birthplace: City <u>DENVER</u> State <u>COLORADO</u>				16 Maiden Name if previously married <u>JACKSON</u>							
				17 Birthplace: City <u>ROYAL OAK</u> State <u>MICHIGAN</u>							



And to certify the same to said parties, or either of them under the signature and seal, of said minister or official capacity, and thereupon is required to deliver the original to the parties so married.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal,
at IDAHO FALLS BONNEVILLE County, Idaho,
this 24TH day of JULY A D 19 95

Ronald Longmire
Recorder
Uchir L. Lister
Deputy

Marriage Certificate

I, Thana Singarajah, a Minister
residing in the city of Idaho Falls, in the County of Bonneville, in the State of Idaho do certify
that, in accordance with the authority on me conferred by the above license, I did on this 28th day of July
in the year A D. 19 95 in the city of Idaho Falls in the County of Bonneville, in the State of Idaho,
solemnize the rites of matrimony between Dennis M. Adams of Idaho Falls
in the County of Bonneville, of the State of Idaho
and Susan M. Lease of Idaho Falls, in the County of Bonneville
of the State of Idaho, in the presence of Dean Bjington and TREVOR M. Sorenson
WITNESS My Hand at the County aforesaid, this 28th day of July, A D 19 95
In the presence of Dean Bjington
and Ronald Longmire
Official's Signature Thana Singarajah
Mailing Address 1629 E. 49th
Idaho Falls, ID 83401

HOPKINS, FRENCH, CROCKETT,
SPRINGER & HOOPES
Lary S. Larson
428 Park Avenue
P.O. Box 51219
Idaho Falls, Idaho 83405
Telephone: 208-523-4445
Attorneys for Personal Representative

STATE OF IDAHO }
County of Bonneville } ss
I HEREBY CERTIFY that above and foregoing
is a true and correct copy of the original
thereof as filed in my office.
Dated July 26 1993
RONALD LONGWORE
Clerk of the District Court
By Paula Bence
Deputy Clerk

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE OF) Probate No. SP-93 886
RUSSELL D. LEASE,)
Deceased.)
LETTERS TESTAMENTARY

1. Susan M. Lease was duly appointed and qualified as
general personal representative of the estate of the above-named
decedent on the 23 day of July, 1993, by the court.

2. Administration of the estate is unsupervised.

3. These Letters are issued to evidence the appointment,
qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this court this
23 day of July, 1993.

R. Mark Rudland
Magistrate

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE COOPERATIVE CENTER FOR HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

State File No. 279-#7
Local Reg. No. 279-#7

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE NAIRED SEAL, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER IDAHO CODE 29-2401 & 29-224

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN NAME OF DECEDENT For use by physician or institution	DECEDENT — NAME * RUSSELL DUANE LEASE		SEX * Male	DATE OF DEATH (Month, Day, Year) * June 14, 1993
	SOCIAL SECURITY NUMBER * [REDACTED]		AGE — Last Birthday (M, Y, D) * 51	DATE OF BIRTH (Month, Day, Year) * July 24, 1941
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) (1) ☒ Inpatient (2) ☐ Outpatient (3) ☐ DCA	OTHER (4) ☐ Home (5) ☐ Residence (6) ☐ Licensed Nursing (7) ☐ Licensed Shelter Home (8) ☐ Other (Specify)
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) * Eastern Idaho Regional Medical Center		CITY, TOWN OR LOCATION OF DEATH * Idaho Falls	COUNTY OF DEATH * Bonneville
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) * Married		SURVIVING SPOUSE (If wife, give maiden name) * Susan Mary Jackson		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) * Program Manager
RESIDENCE STATE * Idaho		COUNTY * Bonneville	CITY, TOWN OR LOCATION * Idaho Falls	ZIP CODE * 83401
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		DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (13-16 or 5+)
FATHER — NAME * Clarence Edgar Lease		BIRTHPLACE * South Dakota		MOTHER — FULL MAIDEN NAME * Marjorie E. Peterson
INFORMANT * Susan Mary Lease		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) * 4986 E. Ririe Hiway Idaho Falls, Idaho 83401		
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) * Fielding Memorial Cemetery		
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH * <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY * Buck-Sullivan Funeral Home		
TIME OF DEATH DATE ANNOUNCED DEAD (Month, Day, Year) * June 14, 1993		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		Approximate Interval Between Onset and Death 6 months		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Glioblastoma Multiforme DUE TO (or as a consequence of): b. (Brain Cancer Primary & metastatic) DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____				
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>		LICENSE NUMBER * M 3924		DATE SIGNED (Month, Day, Year) * 6/15/93
NAME AND ADDRESS OF CERTIFIER (Type/Print) * Dr. James Milam 2860 Channing Way Idaho Falls, Idaho 83404				
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		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) * [REDACTED]
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>[Signature]</i>		DATE SIGNED (Month, Day, Year)
REGISTRAR'S SIGNATURE * <i>[Signature]</i>		DATE FILED (Month, Day, Year) * June 17, 1993		

VITAL STATISTICS COPY

At a minimum complete items 1, 3, 9a, b, c, d, 21a, b, 22, and 29a for the 24 Hour Report & Authorization For Final Disposition

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: June 17, 1993

[Signature]
JANET M WICK
Acting State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE