

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
	22-565				
	22-2212				
	22-11996				
	22-11997				

ADJUDICATION
FILES - NO FEE REQUIRED

PARTIAL DECREE
\$25.00 FEE REQUIRED

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. ~~\$25.00~~ **FILING FEE REQUIRED**
- 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)

Dean Wade

4. New Owner/Claimant(s)

Lynnette Wade

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

New Mailing Address

3696 Silverwood Cir.

City, State and ZIP Code

Idaho Falls, ID. 83406-4669

New Telephone Number

(208) 525-3380

5. Date you acquired the property

SCANNED
JAN 03 2005

PROFILED

RECEIVED
DEC 07 2004

Department of Water Resources
Eastern Region

OK
JC
data
entered
12-7-04
RECEIVED
MAY 05 2005
DEPARTMENT OF
WATER RESOURCES

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)

Lyndee J. Gaden

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 GM Date 5-16-05 Fee 25.00
 Received by PM Date 5-16-06 Receipt No. C077917
 Processed by AJ Date _____ WR _____ Date _____

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JAN 03 2005

PRO

RECEIVED

DEC 26 2000

140821

When Recorded Mail To:
DEAN E. WADE
416 North 450 West
Tetonia, UT 83452

TETON CO., ID
CLERK RECORDER

Instrument # 140821

DRIGGS, TETON, IDAHO
2000-12-26 11:23:52 No. of Pages: 2

Recorded for: SKABELUND LAW OFFICES

NOLAN G. BOYLE

Fee: 6.00

Ex-Officio Recorder Deputy

Index to: DEED, WARRANTY

Smith

WARRANTY DEED

DEAN E. WADE and LYNNET F. WADE, (aka Lynnet Wade)
State of Idaho, hereby WARRANT AND CONVEY all of their interest to
DEAN E. WADE PROPERTIES, L.C., grantee of 416 North 450 West,
Tetonia, Idaho 83452, for the sum of \$10.00, and other valuable
consideration, in the following described tract of land in Teton
County, State of Idaho:

See Exhibit "A", attached hereto and incorporated herein.

The Grantee has full power to sell, mortgage, or
otherwise hypothecate the property described.

WITNESS the hand of said grantors, this day of 9 day of
November, 2000

Dean E. Wade
DEAN E. WADE

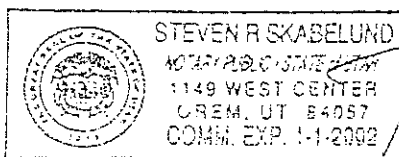
Lynnet F. Wade
LYNNET F. WADE

STATE OF UTAH)

COUNTY OF UTAH)

: ss.

On the 9 day of November, 2000, personally appeared before
me, DEAN E. WADE and LYNNET F. WADE, the signers of the foregoing
instrument, who duly acknowledged to me that they executed the
same.



Steven R. Skabelund
Notary Public

140821

Exhibit A

North Half of the Northeast Quarter of Section 12, Township 5 North, Range Forty-four E.B.M.; Lots Six and Seven and East Half of Southwest Quarter of Section Six, Township 5 North, Range Forty-five E.B.M.

Also, Northwest Quarter of the Northwest Quarter, Section Thirty-two; Northeast Quarter of the Northeast Quarter, Section Thirty-one, Township 6 North, Range Forty-five E.B.M., and all of Block 8 in Haden Townsite, described: SE $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$, Section 31, Township 6 North Range 45 E.B.M.;

140821

STATE OF UTAH — DEPARTMENT OF HEALTH

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

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 18-5304

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: Dean, MIDDLE: Edward, LAST: WADE			2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr.) November 19, 2002		3b. TIME OF DEATH (24 hr. clock) 1047	
4. DATE OF BIRTH (Mo., Day, Yr.) December 12, 1922			5. AGE - Last Birthday 79		6. BIRTHPLACE (City & State or Foreign Country) Tetonia, Idaho		7. SOCIAL SECURITY NUMBER [REDACTED]	
8a. PLACE OF DEATH (check only one) ☒ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. DOA ☐ 7. Other (specify)			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) VA Salt Lake City Health Care System					
8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City			8d. COUNTY OF DEATH Salt Lake			9. SURVIVING SPOUSE (if wife, give maiden name) Lynnett Foster		
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 enter retired) Rancher		
12b. KIND OF BUSINESS OR INDUSTRY Agriculture			13a. RESIDENCE - STREET AND NUMBER 416 North 450 West			13b. CITY, TOWN OR COMMUNITY Tetonia		
13c. COUNTY Teton			13d. STATE Idaho					
13e. INSIDE CITY LIMITS? ☒ 1. Yes ☐ 2. No			13f. ZIP CODE 83452			14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) ☐ 1. Mexican ☐ 2. Cuban ☐ 3. Puerto Rican ☐ 4. Other (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+) 12					
17. FATHER'S NAME (First, Middle, Last) George Ludrick Wade			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Mary Alice Davis					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Lynnett Foster Wade (Wife) 416 North 450 West Tetonia Idaho 83452								
20. METHOD OF DISPOSITION ☒ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removal			21a. DATE OF DISPOSITION November 25, 2002			21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Victor Cemetery		
21c. LOCATION - City or Town, State Victor, Idaho			22. SIGNATURE OF FUNERAL SERVICE LICENSEE [Signature]			23. LICENSEE NUMBER 2774305		
24. FUNERAL HOME (Name and address) Deseret Memorial Mortuary			25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN November 19, 2002			26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No M.E. CASE NO. _____ HR. _____ 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 [Signature]			27c. LICENSE NUMBER 4815363-1205		
27d. DATE SIGNED (Month, Day, Year) 11/19/02			28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Christine Logar, M.D., 500 Foothill Blvd., Salt Lake City, UT 84148					
29. REGISTRAR'S SIGNATURE [Signature]			30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) November 20, 2002			30b. DATE FILED (Mo., Day, Yr.) November 20, 2002		
31. PART I. ENTER THE DISEASE, 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. Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): b. Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST hyperparathyroidism, osteoarthritis			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 injured Purposely or Accidentally ☐ 6. Pending Investigation			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)								

USE PERMANENT BLACK INK

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: November 20, 2002

County: SALT LAKE

Registrar: [Signature]

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By: Department of Water Resources
Eastern Region

LL1002636



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SCANNED

JAN 03 2005 RECEIVED

DEC 07 2004



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