

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.

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DEPARTMENT OF WATER RESOURCES

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1. Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. Indicate by checking 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
<u>71-04023</u>					
<u>71-10024</u>					

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$25⁰⁰ PER WATER RIGHT
- 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)

DORA G Schlunegger
% Beaver Creek Store, Ketchum Id. 83340
Bill D Schlunegger
Ketchum Id 83340

4. New Owner/Claimant(s)

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

New Mailing Address

PO Box 374

City, State and ZIP Code

Hailey Id 83333

New Telephone Number

(808) 788-3334

5. Date you acquired the property

May 17, 2004

SUPPORT DATA

IN FILE # 71-4023

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 CM
 Received by CM
 Processed by _____

Date 8-1-05
 Date 8-1-05
 Date _____

Fee \$ 50.00/xx
 Receipt No. C078729
 WR _____ Date _____

STATE OF UTAH — DEPARTMENT OF HEALTH

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

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **13-21**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST: DORA MIDDLE: GERTRUD LAST: SCHLUNEGGER		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) May 17, 2004	3b. TIME OF DEATH (24 hr. clock) 1950
4. DATE OF BIRTH (Mo., Day, Yr.) May 27, 1907		5. AGE - Last Birthday 96	6. BIRTHPLACE (City & State or Foreign Country) Auswil, Switzerland	
7. SOCIAL SECURITY NUMBER 518-14-1696		8a. PLACE OF DEATH (check only one) ☐ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. D.O.A. ☐ 4. Nursing Home ☐ 5. Other (specify) ☒ 6. Residence (any)		
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) 323 West Pipe Springs Drive		9. SURVIVING SPOUSE (if wife, give maiden name)		
10a. CITY, TOWN, OR LOCATION OF DEATH Kanab		10b. COUNTY OF DEATH Kane		10c. STATE Utah
11. MARITAL STATUS ☐ 1. Never Married ☐ 2. Married ☐ 3. Widowed ☐ 4. Divorced ☐ 1. Yes ☒ 2. No		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Owner/operator		12b. KIND OF BUSINESS OR INDUSTRY Country Store
13a. RESIDENCE - STREET AND NUMBER 323 West Pipe Springs Drive		13b. CITY, TOWN OR COMMUNITY Kanab		13c. COUNTY Kane
13d. ZIP CODE 84741		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+) 8		17. FATHER'S NAME (First, Middle, Last) Johann Ulrich Fluckinger		
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Rosina		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Bill Schlunegger, son, 323 W. Pipe Springs Dr., Kanab, UT 84741		
20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☒ 5. Cremation ☐ 6. Removal		21a. DATE OF DISPOSITION May 18, 2004		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Options Cremation Center
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Jeffrey B. Mosdell</i>		23. LICENSEE NUMBER 273721		24. FUNERAL HOME (Name and address) Mosdell Mortuary 676 So. HWY 89A Kanab, UT 84741
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN May 17, 2004		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. _____ 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 <i>Darin D. Ott</i>		27c. LICENSE NUMBER 362943		27d. DATE SIGNED (Month, Day, Year) May 18, 2004
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Darin D. Ott, DO, 355 North Main, Kanab, Utah 84741		29. REGISTRAR'S SIGNATURE <i>Gary E. Nangle</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) MAY 18 2004
31. 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) Dementia DUE TO (OR AS A CONSEQUENCE OF): Stroke (CVA) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST PART II. Cause of Death - Conditions contributing to death, but not resulting in the underlying cause given in Part I. 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ 1. Probably contributed to the cause of death. ☒ 5. NON USER ☐ 2. Was the underlying cause of death. ☐ 6. UNKNOWN IF USER ☐ 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		
34. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined ☐ 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) At home		
35e. 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: **MAY 18 2004**

County
KANE
Registrar

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By **SAC**
SOUTHWEST HEALTH DEPT.
KANAB

SOH-LVRHS 95 (9/96)

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



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