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

Department of Water Resources
Eastern 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 (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
	27-10297				

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$25 -
- 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) Chris or Kathy Lindsay
442 W. Riverton Rd. Blackfoot ID 83221
4. New Owner/Claimant(s) David or Kathy Daniels
Name Connector (Check one): ☐ and, ☒ or, ☐ and/or
- New Mailing Address 436 W. Riverton Rd
- City, State and ZIP Code Blackfoot ID 83221
- New Telephone Number (208) 785-1234
5. Date you acquired the property 1-26-01

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 MA Date 5/31/05 Fee \$25.00/kx
 Received by MA Date 5/31/05 Receipt No. C078106
 Processed by _____ AJ Date _____ WR _____ Date _____

553701

QUITCLAIM DEED

For Value Received KATHY DANIELS formerly known as KATHY J. LINDSAY

do hereby convey, release, remise and forever quit claim unto

DAVID DANIELS AND KATHY DANIELS, husband and wife

whose address is 436 W. RIVERTON RD., BLACKFOOT, ID 83221

Hereinafter called the Grantee, the following described premises situated in **Bingham** County, Idaho, to wit:

Part of the NW 1/4 Section 8 Township 3 South Range 35 East B.M. Bingham County, Idaho described as:

Commencing at the West 1/4 corner of Section 8; thence S 89°55'10" E 1053.50' feet along the East-West Center of Section 8 to the POINT OF BEGINNING. Thence N 00°10'47" E 438.60' feet along the East line of deed instrument 361503 to the Southerly line of deed instrument 500216; thence N 50°43'04" E 588.79' feet along said deed to the SW corner of deed instrument 513241; thence along said deed the following Three (3) Courses (1) N 89°57'31" E 610.67' feet; thence (2) N 00°10'47" E 240.00' feet; thence N 89°57'31" E 500.00' feet to the North-South center of Section 8; thence S 00°10'47" W 313.02' feet along said center section line to the NE corner of deed instrument 522505; thence along said deed the following Three (3) Courses (1) N 89°55'10" W 394.75' feet; thence (2) S 00°10'47" W 249.93' feet; thence (3) S 89°55'10" E 394.75' feet to the North-South center of Section 8; thence S 00°10'47" W 491.40' feet to the Center of Said Section 8; thence N 89°55'10" W 1565.24' feet to the POINT OF BEGINNING.

Parcel contains 27.75 Acres more or less, and is subject to a right of way for Riverton Road.

Together with thirty-five (35) inches of the waters of Blackfoot River out of that one-hundred-fifty (150) inches of the waters of Blackfoot River decreed to Robert Millan with a priority date of May 1, 1885, under a decree dated August 1, 1891, and recorded in Judgment Book No. 1 at pages 107 to 116 of the records of Bingham County, Idaho, and thirty-five (35) shares of the capital stock of the Miners Ditch Co., Inc.

Whereas, the above-described premises has heretofore been owned and held by the Grantor as her sole and separate property and she now desires to convert or transmute the same into the community property of herself and her husband, David Daniels, above-named; she does hereby covenant and agree that henceforth the said premises shall be and remain the community property of herself and her husband, David Daniels, the Grantees above-named.

Together with their appurtenances.

Dated this 19th day of May, 2005.

Kathy Daniels
Kathy Daniels

STATE OF Idaho)

)ss.

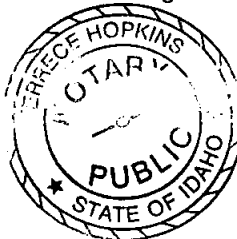
COUNTY OF Bingham)

On this 19th day of May, in the year of 2005 before me, a Notary Public of said State, personally appeared Kathy Daniels, known or identified to me to be the person whose name is subscribed and sworn to the within instrument, and acknowledged to me that she executed the same.

James Hopkins
Notary Public of Idaho

Residing at: Blackfoot, Idaho

Commission Expires: 11-23-2010



553701

553703

QUITCLAIM DEED

For Value Received KATHY DANIELS formerly known as KATHY J. LINDSAY

do hereby convey, release, remise and forever quit claim unto

DAVID DANIELS AND KATHY DANIELS, husband and wife

whose address is 436 W. RIVERTON RD., BLACKFOOT, ID 83221

Hereinafter called the Grantee, the following described premises situated in **Bingham** County, Idaho, to wit:

Part of the SE ¼ NW ¼ of Section 8, Township 3 South, Range 35 E.B.M., Bingham County, Idaho, described as: Beginning at a point that is S. 89°55'10" E. 2618.74 feet along the East-West center section line to the center of said Section 8 and N. 00°10'47" E. 1054.35 feet along the North-South center section line of said Section 8 to the Point of Beginning from the W ¼ corner of said Section 8 and running thence S. 89°57'31" W. 500.00 feet; thence S. 00°10'47" W. 240.00 feet; thence S. 89°57'31" W. 610.67 feet; thence along the Southerly line of Deed Instrument No. 500216 the following two (2) courses; (1) N. 50°43'04" E. 790.40 feet; (2) thence N. 89°57'31" E. 500.44 feet; thence S. 00°10'47" W. 260.00 feet along said North-South center section line to the Point of Beginning. Except: County Road.

Together with eight and one-third (8 1/3) inches of the waters of Blackfoot River out of that one-hundred-fifty (150) inches of the waters of Blackfoot River decreed to Robert Millan with a priority date of May 1, 1885, under a decree dated August 1, 1891, and recorded in Judgment Book No. 1 at pages 107 to 116 of the records of Bingham County, Idaho, and eight and one-third (8 1/3) shares of the capital stock of the Miners Ditch Co., Inc.

Together with their appurtenances.

Dated this 19th day of May, 2005.

Kathy Daniels
Kathy Daniels

STATE OF Idaho)

)ss.

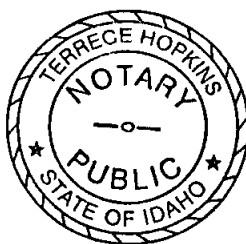
COUNTY OF Bingham)

On this 19th day of May, in the year of 2005 before me a Notary Public of said State, personally appeared Kathy Daniels, known or identified to me to be the person whose name is subscribed and sworn to the within instrument, and acknowledged to me that she executed the same.

Terence Hopkins
Notary Public of Idaho

Residing at: Blackfoot, Idaho

Commission Expires:



553703

Kathy Daniels
1905 MAY 19 PM 1:55
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Vital Statistics
PO Box 83720
Boise, ID 83720-0036

STATE OF IDAHO

County of BINGHAM

No. 1080

Marriage License

Instrument No. 496785

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

Name: DAVID ARNOLD DANIELS
Address: BLACKFOOT, BINGHAM County, IDAHO
Age: 61 Race: WHITE Status: DIVORCED
Birthdate: 11/28/1939
Birthplace: CALDWELL, TEXAS USA

Name: KATHY JEAN LINDSAY
Address: BLACKFOOT, BINGHAM County, IDAHO
Age: 58 Race: WHITE Status: WIDOWED
Maiden name if previously married: HAWKER
Birthdate: 4/7/1942
Birthplace: IDAHO FALLS, IDAHO USA

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 BLACKFOOT, BINGHAM County, IDAHO this 26th day of January, 2001

JUDIE HAMPTON Recorder

Deputy Recorder

Marriage Certificate

I, Kathryn A. Sticklen, a District Judge
residing in the city of Boise, in the county of Ada, in the state of
Idaho do certify that, in accordance with the authority on me conferred by the above license, I did on this 26th day
of January in the year A.D. 2001 in the city of _____
the county of Ada, in the state of Idaho, solemnize the rites of matrimony between

DAVID ARNOLD DANIELS of BLACKFOOT, in the county of BINGHAM, of the state of IDAHO
and KATHY JEAN LINDSAY of BLACKFOOT, in the county of BINGHAM, of the state of IDAHO

in the presence of Roddy Allen and Douglas Chase
WITNESS my hand at the county aforesaid, this 26th day of January, A.D. 2001.

In the presence of Roddy Allen
and Doug Chase

Officiant's Signature

Officiant's Mailing Address

Kathryn A. Sticklen
514 W. Jefferson
Boise, Idaho 83702

(This copy for the Bride and Groom)

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY
State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2410 & 39-274

State File No. _____
Local Reg. No. 140

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 FIRST <u>Orris</u> MIDDLE <u>Roy</u> LAST <u>Lindsay</u>		SEX <u>Male</u>	DATE OF DEATH (Month, Day, Year) <u>September 8, 1999</u>
SOCIAL SECURITY NUMBER <u>518-30-2558</u>	AGE - Last Birthday (Yrs.) <u>75</u>	DATE OF BIRTH (Month, Day, Year) <u>June 24, 1924</u>	BIRTHPLACE (City and State or Foreign Country) <u>Moreland, Idaho</u>
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No PLACE OF DEATH (Check only one) * (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify) _____		FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) <u>442 W. Riverton Road</u>	
CITY, TOWN OR LOCATION OF DEATH <u>Blackfoot</u>		COUNTY OF DEATH <u>Bingham</u>	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		SURVIVING SPOUSE (If wife, give maiden name) <u>Kathy Hawker Quinones</u>	
RESIDENCE STATE <u>Idaho</u> COUNTY <u>Bingham</u> CITY, TOWN OR LOCATION <u>Blackfoot</u>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Electronic Supply Mgr.</u>	
INSIDE CITY LIMITS? ☐ Yes ☒ No		KIND OF BUSINESS / INDUSTRY <u>U.S. Government</u>	
RACE — American Indian, Black, Japanese, White, etc. (Specify) <u>White</u>		STREET AND NUMBER <u>442 W. Riverton Road</u>	
ZIP CODE <u>83221</u>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) _____	

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

TO BE USED FOR EXTERNAL CAUSES ONLY

CORONER'S REVIEW AREA

REGISTRAR

FATHER — NAME <u>Wallace Lindsay</u> BIRTHPLACE <u>Eden, Utah</u>		MOTHER — FULL MAIDEN NAME <u>Bertha Crouch</u> BIRTHPLACE <u>Freedom, WY</u>	
INFORMANT'S NAME (Type/Print) <u>Kathy Lindsay</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>442 W. Riverton Road Blackfoot, ID 83221</u>	
METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <u>Grove City Cemetery</u>	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>Kevin J. Dietrich</u>		NAME AND ADDRESS OF FACILITY <u>Hill Hawker, Sandberg Funeral Home</u>	
TIME OF DEATH <u>1:40 a.m.</u> DATE PRONOUNCED DEAD (Month, Day, Year) <u>Sept. 8, 1999</u>		WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No	
MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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 (Final disease or condition resulting in death) a. <u>Alzheimer's dementia</u> DUE TO (or as a consequence of): _____ b. _____ 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 <u>Andrew N. Bulley MD</u>		LICENSE NUMBER <u>M-6241</u>	
NAME AND ADDRESS OF CERTIFIER (Type/Print) <u>Dr. Andrew Bradbury 96 Poplar Blackfoot, Idaho 83221</u>		DATE SIGNED (Month, Day, Year) <u>13 Sep 99</u>	
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) _____		LOCATION (Street or Route Number, City/Town, or County, and State) _____	
CORONER'S ACTION 31a. I have reviewed and/or amended, and certified. <u>Patricia Neff</u>		CORONER'S SIGNATURE _____	
REGISTRAR'S SIGNATURE _____		DATE SIGNED (Month, Day, Year) _____	
DATE FILED (Month, Day, Year) <u>September 15, 1999</u>		DATE OF DEATH (Month, Day, Year) <u>September 8, 1999</u>	

VITAL STATISTIC COPY

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: September 15, 1999

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE