

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

RECEIVED
APR - 7 2003
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.

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
	27-4097				
27-10000		\$25			
27-10001		\$25			

The following REQUIRED information must be submitted with this form:

- A. The appropriate FILING FEE. See instructions for fee amounts. \$50 -
- 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.

Name and Address of Former Owner/Claimant(s) Krith Winschell

New Owner/Claimant(s) Beth Ann Winschell
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address 190 South Stout Ave.

City, State and ZIP Code Blackfoot, Idaho 83221

New Telephone Number (208) 785-4434

5. Date you acquired the property _____

SUPPORT DATA
IN FILE # 27-10000

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 27-4097

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	<u>0.70 CFS</u>	
Stock	<u>0.050 CFS</u>	
Domestic	<u>0.020 CFS</u>	<u>1 home</u>
Other		
Total	<u>0.090 ~~0.770~~ CFS</u>	

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	_____	_____

Signature of New Owner(s) or Claimant(s)
(include title if applicable)

Beth Ann Wimschell

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 <u>jc</u>	Date <u>3/27/03</u>	Fee <u>\$50-</u>
Receipted by <u>jc</u>	Date <u>3/27/03</u>	Receipt No. <u>E028608</u>
Processed by _____ AJ	Date _____	WR _____ Date _____

State of Idaho CERTIFICATE OF DEATH

State File No. _____
Local Reg. No. 17

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 & 39-271

DECEDENT	DECEDENT - NAME FIRST MIDDLE LAST <u>Keith Willeford Winschell</u>			SEX <u>male</u>	DATE OF DEATH (Month, Day, Year) <u>January 31, 1991</u>
	SOCIAL SECURITY NUMBER <u>518-22-3297</u>		AGE - Last Birthday (Yrs.) <u>61 Yrs.</u>	UNDER 1 YEAR MONTHS DAYS UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Month, Day, Year) <u>April 21, 1929</u>
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) (1) ☐ Inpatient (2) ☒ ER/Outpatient (3) ☐ DOA	OTHER (4) ☐ Licensed Nursing Home (5) ☐ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify)	
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) <u>Bingham Memorial Hospital</u>			CITY, TOWN OR LOCATION OF DEATH <u>Blackfoot</u>	COUNTY OF DEATH <u>Bingham</u>
PARENTS	MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <u>Married</u>		SURVIVING SPOUSE (If wife, give maiden name) <u>Betty Salisbury</u>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <u>Rancher/Teacher</u>
	RESIDENCE STATE <u>Idaho</u>		COUNTY <u>Bingham</u>	CITY, TOWN OR LOCATION <u>Blackfoot</u>	STREET AND NUMBER <u>2225 Rose Rd.</u>
	INSIDE CITY LIMITS? ☐ Yes ☒ No		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) <u>White</u>
	FATHER - NAME <u>Lester Earl Winschell</u>		BIRTHPLACE <u>Idaho</u>	MOTHER - FULL MAIDEN NAME <u>LaWave Willeford</u>	
INFORMANT	INFORMANT'S NAME (Type/Print) <u>Betty Winschell</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>2225 Rose Rd. Blackfoot, Idaho 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>		LOCATION - City or Town, State <u>Blackfoot, Idaho</u>
DISPOSITION	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <u>[Signature]</u>		LICENSE NUMBER (of Licensee) <u>M-636</u>	NAME AND ADDRESS OF FACILITY <u>Hill-Sandberg Funeral Home</u> <u>2214 So. University Blackfoot, Id. 83221</u>	
	TIME OF DEATH <u>12:24 p.m.</u>		DATE PRONOUNCED DEAD (Month, Day, Year) <u>January 31, 1991</u>	WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined
CAUSE OF DEATH	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>Cardiac Arrest</u> DUE TO (or as a consequence of):				
	b. <u>Coronary Artery Disease</u> DUE TO (or as a consequence of):				
CERTIFIER	c. <u>Diabetes & Age</u> 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				
CORONER'S REVIEW AREA	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>[Signature]</u>		LICENSE NUMBER <u>M 4895</u>	DATE SIGNED (Month, Day, Year) <u>2-6-91</u>	
	NAME AND ADDRESS OF CERTIFIER (Type/Print) <u>Kirt M. McKinlay M.D. 625 W. Pacific Blackfoot, Idaho 83221</u>				
TO BE USED FOR EXTERNAL CAUSES ONLY	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)	
REGISTRAR	CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified		CORONER'S SIGNATURE <u>[Signature]</u>		DATE SIGNED (Month, Day, Year) <u>February 6, 1991</u>
	REGISTRAR'S SIGNATURE <u>Rafael T. [Signature]</u>				DATE FILED (Month, Day, Year) <u>February 6, 1991</u>

(STATE OF IDAHO)
(County of Bingham)

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Southeastern District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE

2-6-91
DATE ISSUED

Richard W. Blay
Deputy Registrar of Vital Registration