

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

RECEIVED

AUG 05 2005

Please print or type. Attach pages with additional information. Instructions are on the back of this page. WATER RESOURCES
SOUTHERN REGION
 Incomplete forms will be returned.

1. Water Right or Adjudication Claim No(s): No. A67-10366 - P.D.
2. The following **REQUIRED** information must be submitted with this form:
 - A. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water rights or claims in question, **WITH ATTACHED LEGAL DESCRIPTION.**
 - AND
 - B. **PLAT OF PROPERTY** or **SURVEY MAP** for parcel of ten acres or less. (These are usually attached to your deed or on file with the county.)
 - OR
 - C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency **AERIAL PHOTO** with irrigated acres outlined and point(s) of diversion clearly marked.
3. Name and Address of Former Owner/Claimant C. Duane L. Brent WOMACK,
L. W. Gentry + Mabel Gentry + Donna Womack,
4. New Owner/Claimant(s) LERRINE CARR
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
 New Mailing Address P.O. BOX 67
 City, State and ZIP Code WEISER, IDAHO 83672
 New Telephone Number 208 347-2203 - OR - ~~208~~ 549-3243
(local call from Boise)
5. Date you acquired the property September 28th, 1971
6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.
 Number of acres you irrigate _____ Number and type of stock _____
 Diversion rate in CFS _____ Number of homes _____ Other uses _____
 If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.
7. Signature of New Owner or Claimant(s) Lerrine Carr
My husband, Thomas Carr, passed away on 4-28-05

Corporations or other organizations must submit a list of directors and/or officers demonstrating authority to sign this form.

8. For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him or her for all matters related to your claims.

Fee: \$25.00
 Rec'd 8/5/05 Receipt # W033252
 LG

WARRANTY DEED

For Value Received L. W. GENTRY and MABEL GENTRY, husband and wife (1/2 interest) MABEL GENTRY, a married woman, and DONNA WOMACK, a widow (1/2 interest)

the grantors, do hereby grant, bargain, sell and convey unto TOM CARR and LORRAINE CARR, husband and wife; NELLIE SCHMIDT, an unmarried woman; CATHERINE AKERSTROM, a married woman; MILES JOHNSON, an unmarried man

the grantees, the following described real estate situated in Washington County, State of Idaho, to-wit:

TOWNSHIP 11 NORTH, RANGE 5 WEST OF THE BOISE MERIDIAN:

In Section 14: Beginning at a point 257 feet east of the southwest corner of the NW 1/4 NE 1/4; thence West 257 feet; thence North 218 feet; thence East 173 feet; thence southeasterly to the point of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee s, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that said premises are free from all incumbrances

and that they will warrant and defend the same from all lawful claims whatsoever.

Dated this 28th day of September, 1971

L. W. Gentry

Mabel Gentry
Donna P. Womack

STATE OF IDAHO, COUNTY OF Washington
this 28th day of Sept. 1971,
before me, a Notary Public in and for said State, personally
appeared L. W. GENTRY and MABEL GENTRY,
husband and wife, MABEL GENTRY, a
married woman, and DONNA WOMACK,
a widow.

known to me to be the persons whose names
subscribed to the within instrument, and acknowledged to
me that they executed the same.

Quincy R. Rietz
Residing at Weiser, Idaho
Comm. Expires 3-1-75

Notary Public
Idaho

STATE OF IDAHO, COUNTY OF Washington
I hereby certify that this instrument was filed for record at
the request of Tom Carr

at 55 minutes past 3:00 o'clock P m.,
this 15th day of May
1974, in my office, and duly recorded in Book 96
of Deeds at page 813

Mary Kautz

Ex-Officio Recorder

By *Carol J. Stephens*
Fees \$ 1.00 Indexed Deputy.
Mail to: Tom Carr Compared

INSTRUMENT No. 101726

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATION OF FACTS OF DEATH

Date Filed DECEMBER 30, 1996

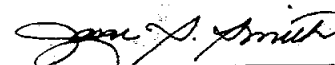
State File No. 1996-07997

DECEDENT - NAME NELLIE JEAN SCHMIDT				AGE 82 YEARS	
DATE OF DEATH DEC. 25, 1996		SEX FEMALE	SOCIAL SECURITY NUMBER 722-18-1559	DATE OF BIRTH SEPT. 28, 1914	BIRTHPLACE IDAHO
WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	MARITAL STATUS DIVORCED		SURVIVING SPOUSE (If wife, maiden name)		CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO
RESIDENCE STATE IDAHO			CITY, TOWN OR LOCATION BOISE		
FATHER - NAME THOMAS CARR					BIRTHPLACE SCOTLAND
MOTHER - FULL MAIDEN NAME PARALEE PHELPS					BIRTHPLACE INDIANA
NAME AND ADDRESS OF MORTUARY CREMATION SOCIETY OF IDAHO, BOISE, IDAHO					
FUNERAL SERVICE LICENSEE RICHARD D. WHITTED					
TIME OF DEATH 4:00 P.M.					

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: NOVEMBER 08, 2005

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



JANE S. SMITH
STATE REGISTRAR



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATION OF FACTS OF DEATH

Date Filed MARCH 26, 2004

State File No. 2004-02123

DECEDENT - LEGAL NAME CATHERINE MARY CARR			
SEX FEMALE	SOCIAL SECURITY NUMBER 518-16-7806	AGE 84 YEARS	DATE OF BIRTH DECEMBER 20, 1919
BIRTHPLACE MIDVALE, IDAHO		PLACE OF RESIDENCE PAYETTE, IDAHO	
MARITAL STATUS DIVORCED	NAME OF SURVIVING SPOUSE (If wife, maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME THOMAS CARR			BIRTHPLACE SCOTLAND
MOTHER - MAIDEN NAME PARLEE D. PHELPS			BIRTHPLACE INDIANA
DATE OF DEATH MAR. 20, 2004	TIME OF DEATH 1:50 A.M.	CITY, TOWN OR LOCATION OF DEATH WEISER, IDAHO	COUNTY OF DEATH WASHINGTON
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
FUNERAL SERVICE LICENSEE ROBERT E. THOMASON			

*11-13-05
Catherine Carr
later divorced
Ike Ahernstrom
and took back
her maiden name.*

This is a true and correct reproduction
on file with the IDAHO BUREAU OF

*Loraine Carr
Sister-in-Law*

DATE ISSUED: **NOVEMBER 08, 2005**

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displaying state seal and signature of the Registrar.

JANE S. SMITH
STATE REGISTRAR



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed MAY 10, 2005

State File No. 2005-03616

DECEDENT - LEGAL NAME THOMAS BROWN CARR, JR.			
SEX MALE	SOCIAL SECURITY NUMBER 518-44-6716	AGE 87 YEARS	DATE OF BIRTH FEBRUARY 16, 1918
BIRTHPLACE MIDVALE, IDAHO		PLACE OF RESIDENCE WEISER, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) LORAIN DAY	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME THOMAS BROWN CARR, SR.		BIRTHPLACE SCOTLAND	
MOTHER - MAIDEN NAME PARLEE PHELPS		BIRTHPLACE INDIANA	
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE DAVID ANDREW DEMBOWSKI	
NAME AND ADDRESS OF FUNERAL FACILITY ACLESA CREMATION & BURIAL SOCIETY, BOISE, IDAHO			
DATE OF DEATH APR. 28, 2005	TIME OF DEATH 4:48 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. ? PULMONARY EMBOLUS OR MI			Approximate Interval Between Onset and Death
DUE TO (or as a consequence of): b. POST OP RESECTION OF CECAL CARCINOMA			
DUE TO (or as a consequence of): c. W/ LIVER METASTASIS			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ROBERT COSCIA, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: OCTOBER 17, 2005

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JANE S. SMITH
STATE REGISTRAR



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

NOV - 4 1997

State of Idaho CERTIFICATE OF DEATH

State File No. **7049**
Local Reg. No. _____

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. NAME OF DECEASED, For use by physician or autopsian	DECEDENT - NAME FIRST MIDDLE LAST MILES LEON JOHNSON		SEX Male	DATE OF DEATH (Month, Day, Year) October 26, 1997
	SOCIAL SECURITY NUMBER .519-32-4423		AGE - Last Birthday (Yrs.) 63	DATE OF BIRTH (Month, Day, Year) June 12, 1934
	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) 2020 Crystal Way		CITY, TOWN OR LOCATION OF DEATH Boise	
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married		SURVIVING SPOUSE (If wife, give maiden name) Central Intelligence Agency-Air Support		KIND OF BUSINESS / INDUSTRY Federal Government
RESIDENCE STATE Idaho		CITY, TOWN OR LOCATION Boise	STREET AND NUMBER 2020 Crystal Way	ZIP CODE 83706
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) White
FATHER - NAME Percy Johnson		BIRTHPLACE Colorado		MOTHER - FULL MAIDEN NAME Nellie Carr
INFORMANT'S NAME (Type/Print) Tom Johnson		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2215 7th Avenue West, Vale, Oregon 97918		
METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Cremation Society of Idaho		
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY Cremation Society of Idaho 5541 Overland Rd, Boise, Idaho 83705		
TIME OF DEATH 2:00 AM		DATE (Month, Day, Year) October 29, 1997		WAS CASE REFERRED TO CORONER? ☒ Yes ☐ No
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. Coronary Artery Disease		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined		
IMMEDIATE CAUSE (Final disease or condition resulting in death) Coronary Artery Disease		Approximate Interval Between Onset and Death 1 yr		
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertrophic Cardiomyopathy / Dilated Cardiomyopathy		WAS AN AUTOPSY PERFORMED? ☐ 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.		DATE SIGNED (Month, Day, Year) 12/31/97		
SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		LICENSE NUMBER M6484		
NAME AND ADDRESS OF CERTIFIER (Type/Print) Charles M. Rasmussen, M.D., 520 South Eagle Road, Meridian, Idaho 83642				
DATE OF INJURY (Mo., Day, Yr.) NOV - 4 1997		HOUR OF INJURY 10:00		
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) At home		LOCATION (Street or Route Number, City/Town, or County, and State) Boise, Idaho		
CORONER'S ACTION (Check One) ☐ Reviewed Only ☐ Reviewed and/or Amended, and Certified		CORONER'S SIGNATURE <i>[Signature]</i>		
REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE FILED (Month, Day, Year) NOV - 4 1997		

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: **NOV 04 1997**

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[Signature]
JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

9-28-05

Dear Sirs:

Nellie Schmidt, Catherine Ahernstrom,
of Miles Johnson are no longer
Part Owners - We paid them off
In 1988 & 1986 -

Nellie, Catherine and Miles Johnson
and my husband are now deceased -
If you need additional documentation,
please let me know -

Thank you!
Lorraine Carr

Could I please have
the revised copy?

P.O. Box 67
Weiser, Idaho 83672

P.S.
I found these papers when going
through our papers I was so
surprised that we overlooked this!
Thank you for your cooperation.

GEORGIA PLISCHKE
WASHINGTON COUNTY ASSESSOR
255 E COURT
WEISER ID 83672

2005

THIS IS NOT A BILL.
DO NOT PAY.

ASSESSMENT NOTICE

& ESTIMATE OF TAX
RETURN POSTAGE GUARANTEED
OFFICE PHONE: 208-414-2000

PARCEL DESCRIPTION:

NENW; SW 1.08 A OF NWNE;
S14T11R5; 41.08 ACRES

For any questions, please notify the Assessor's Office immediately.

Assessor's Telephone Number: (208) 414-2000

PARCEL ADDRESS:

GARR - TOM - deceased
CARR LORRAINE
P O BOX 67
WEISER ID 83672

Appeals of your property value must be filed in writing, on a form provided by the County, by:

JUNE 27, 2005

Tax Code Area: 47-0000

Parcel Number: RP 11N05W142400 A

PROPERTY TAX REDUCTION IS NOT INCLUDED.

ASSESSED VALUE OF YOUR PROPERTY

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
5 DRY GRAZING	41.080 AC	1,120	1,200
SUBTOTAL:	41.080	1,120	1,200
LESS HOMEOWNERS EXEMPTION:		1,120	1,200
NET TAXABLE PROPERTY VALUE:			

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

ESTIMATED PROPERTY TAXES

TAXING DISTRICTS	LAST YEAR'S TAXES	CURRENT YEAR'S ESTIMATED TAXES	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY			208-414-2092	08/22/2005
WEI SCH 431A			208-549-0616	06/13/2005
WEISER SCH BOND			208-549-0616	06/13/2005
ROAD/BRIDGE			208-414-2092	08/22/2005
SPEC BRIDGE			208-414-2092	08/22/2005
WEISER FIRE			208-549-2379	08/09/2005
RODENT CONTR			208-549-0415	08/22/2005
WEISER AMBUL			208-414-2092	08/22/2005
WEI VAL HOSP			208-549-0370	06/15/2005
AMBULANCE TORT			208-414-2092	08/22/2005
SUBTOTAL:				
FEES:				
TOTAL PROPERTY TAXES & FEES:				

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details.