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Department of Water Resources

Form 42-248/42-1409(6) July, 2000

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
22-3243					
22-384A					
22-385A					
22-10030					

Water right sent copy to KL.

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

   A. The appropriate **FILING FEE**. See instructions for fee amounts.

   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): Miles N. Hansen, Ramona M. Hansen
   482 N. 450 W., Tetonia, ID 83452

4. New Owner/Claimant(s): Ramona M. Hansen
   Name Connector (Check one): [ ] and, [ ] or, [ ] and/or

   New Mailing Address: 582 N. 450 W.

   City, State and ZIP Code: Tetonia, ID 83452

   New Telephone Number: (208) 456-2847

5. Date you acquired the property: _____

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) Ramona Hansen

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 JC Date 4-20-05 Fee $25.00
Receipted by JC Date 4-20-05 Receipt No. E030810
Processed by _____ AJ Date _____ WR _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

CERTIFICATE OF DEATH

DATE FILED: APRIL 30, 1997 STATE FILE NUMBER: 97-02764

DECEDENT: MILES NORMAN HANSEN

DATE OF DEATH: APR. 21, 1997 PLACE OF DEATH: TETONIA, IDAHO

DATE OF BIRTH: NOV. 25, 1924 PLACE OF BIRTH: IDAHO

AGE: 72 YEARS SEX: MALE VETERAN? YES

MARITAL STATUS: MARRIED SPOUSE (MAIDEN): RAMONA MCCRACKEN

SOCIAL SECURITY NUMBER: 518-34-4764 RESIDENCE: TETONIA, IDAHO

FATHER: HANS NORMAN HANSEN
FATHERS BIRTHPLACE: UTAH
MOTHER (MAIDEN): SLENA SARAH PORTER
MOTHERS BIRTHPLACE: UTAH

MORTUARY: WADE FUNERAL HOME DRIGGS, IDAHO
MORTICIAN: SCOTT MCKAGUE DISPOSITION: CREMATION

CERTIFYING PHYSICIAN: DAVID P. RAKEL, MD AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL

PULMONARY EDEMA
INTRA-CEREBRAL HEMORRHAGE 4 DAYS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL

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: MAY 02, 1997

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

JANE S. SMITH
STATE REGISTRAR