

RECEIVED

OCT 20 2005

DEPARTMENT OF
WATER RESOURCES

OCTOBER 16, 2005

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
1301 North Orchard Street
P.O. Box 83720
Boise, Idaho 83720-0098
Phone: 208-327-7900

15-7223

ATTENTION: WATER RESOURCES

TO WHOM IT MAY CONCERN:

Please see attached **PROOF DUE NOTICE** as sent to Ralph Hughes on August 31, 2004. **PROOF OF BENEFICIAL USE FORM** as filled out on 9/13/2004 in which a check was attached in the amount of \$200 and submitted to your office.

Ralph Hughes waited for your reply but did not receive a reply from you. On November 1, 2004, he then placed a call to your office concerning this matter. The Secretary informed Mr. Hughes that they had received this form with the \$200 check attached. Mr. Hughes was informed that due to moving their offices they had not had time to work on this matter.

Mr. Hughes did not hear any more about this matter and due to winter storms and freezing temperatures he did not follow up on it. Mr. Hughes became ill on April 15, 2005 and due to failing health passed away on May 18, 2005.

Recently we were informed by Mr. Meeks, the Appraiser, that the licensing on the Irrigation Well had not been completed.

As the Trustees of the Ralph Hughes Estate we would like to get this matter resolved and receive the license for the Irrigation Well which was paid for by Mr. Hughes.

Our brother, Clarence Hughes worked with our father, Ralph Hughes on this matter. We are authorizing you to continue to work with him to complete the licensing on the Irrigation Well. He can be reached at work: 208-766-5381 or home: 208-766-4368.

Attached is a copy of the **ACCEPTANCE OF SUCCESSOR CO-TRUSTEES** for your files. Please change the mailing address to: The Ralph Hughes Estate at P.O. Box 234, Malad City, Idaho 83252 *vdg*

Steve J. Durbin
Co- Trustee

Marie Higley
Co- Trustee

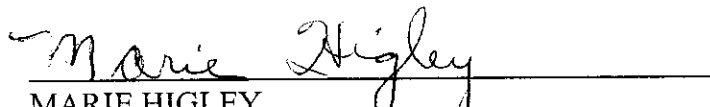
ACCEPTANCE OF SUCCESSOR CO-TRUSTEES

ILENE JANNETTE DURBIN, whose address is P.O. Box 680, Escondido, California 92033, and MARIE HIGLEY, whose address is 3188 W. Samaria, Malad, Idaho 83252, hereby accept the position of Co-Trustees of THE RALPH HUGHES FAMILY LIVING TRUST, established by Trust Agreement dated June 16, 1986, as amended June 3, 1994, and hereby:

1. Agree to hold, manage, administer and distribute the Trust assets for the named beneficiaries in accordance with the provisions set forth in said Trust Agreement.
2. Submit to the jurisdiction of the Oneida County, Idaho District Court in any proceedings relating to the Trust estate that may be instituted by any interested person.
3. Agree to act as Co-Trustees in accordance with Idaho law.
4. State and represent that the original Grantor and Trustee Ralph Hughes died May 18, 2005, and that original Grantor and Trustee, Alice S. Hughes, his wife, died on October 4, 1989.
5. That the undersigned are the lawful and acting successor Co-Trustees appointed in said Trust.

DATED June 7, 2005.

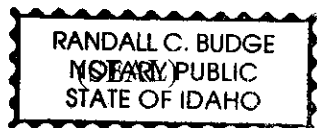

ILENE JANNETTE DURBIN


MARIE HIGLEY

STATE OF IDAHO)
 : SS
COUNTY OF BANNOCK)

On this 7th day of June, 2005, before me, the undersigned Notary Public, in and for said State and County, personally appeared Ilene Jannette Durbin and Marie Higley, known or identified to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate first above written.



Randall C. Budge
NOTARY PUBLIC FOR IDAHO,
Residing at Pocatello.
My Commission Expires 10/11/2006.

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 24, 2005

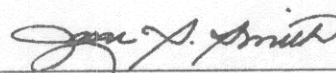
State File No. 2005-04004

DECEDENT - LEGAL NAME RALPH HUGHES			
SEX MALE	SOCIAL SECURITY NUMBER 529-26-2965	AGE 93 YEARS	DATE OF BIRTH JULY 26, 1911
BIRTHPLACE SAMARIA, IDAHO		PLACE OF RESIDENCE SAMARIA, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME DAVID JAMES HUGHES			BIRTHPLACE IDAHO
MOTHER - MAIDEN NAME MARY ANN WALDRON			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE E. SPENCE HORSLEY	
NAME AND ADDRESS OF FUNERAL FACILITY HORSLEY FUNERAL HOMES, INC., MALAD CITY, IDAHO			
DATE OF DEATH MAY 18, 2005	TIME OF DEATH 6:10 A.M.	CITY, TOWN OR LOCATION OF DEATH MALAD (SAMARIA), IDAHO	COUNTY OF DEATH ONEIDA
CAUSE OF DEATH (underlying cause last) a. CONGESTIVE HEART FAILURE			Approximate Interval Between Onset and Death 6 WEEKS
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above SHINGLES			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER SPENCE HORSLEY		TITLE CORONER
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: JUNE 07, 2005

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



JANE S. SMITH
STATE REGISTRAR

