

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

RECEIVED

MAY 16 2005

Department of Water Resources
Southern Region

Please print or type Attach pages with additional information Instructions are included at the end of this form
 Incomplete forms will be returned

RECEIVED

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, if the change in ownership is limited to a portion of a water right in which case 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
36-8249		-			
36-8306		-			

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) 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**.

3. Name and Address of Former
Owner/Claimant(s)

Bob & Shirley Kunsman
 216 E 450 S, Jerome, ID 83338

4. New Owner/Claimant(s)

Shirley Kunsman
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

216 E 450 S

City, State and ZIP Code

Jerome, ID 83338

New Telephone Number

() 324-5498

5. Date you acquired the property

4-10-01 (death of husband)

SUPPORT DATA

IN FILE # 36-8249

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) Shirley Kunzman
(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 <u>DF Stanton</u>	Date <u>5-16-05</u>	Fee <u>-</u>
Receipted by <u>-</u>	Date <u>-</u>	Receipt No <u>-</u>
Processed by _____ AJ	Date _____	WR _____ Date _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

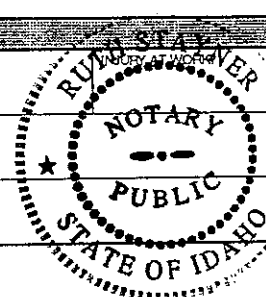
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

Date Filed APRIL 20, 2001

State File No. 2001-02688

DECEDENT - NAME ROBERT R. KUNSMAN				AGE 81 YEARS	
DATE OF DEATH APR. 10, 2001		SEX MALE	SOCIAL SECURITY NUMBER 511-24-6715	DATE OF BIRTH SEPT. 08, 1919	BIRTHPLACE NORTH DAKOTA
WAS DECEDENT EVER IN U.S. ARMED FORCES? YES	MARITAL STATUS MARRIED	SURVIVING SPOUSE (if wife, maiden name) SHIRLEY L. CUCAS		CITY, TOWN OR LOCATION OF DEATH JEROME, IDAHO	
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION JEROME			
FATHER - NAME HARRY W. KUNSMAN					BIRTHPLACE MINNESOTA
MOTHER - FULL, MAIDEN NAME ELLEN M. ESLACK					BIRTHPLACE IOWA
NAME AND ADDRESS OF MORTUARY WHITE MORTUARY, INC., TWIN FALLS, IDAHO					
FUNERAL SERVICE LICENSEE JERRY D. HOLMAN					
METHOD OF DISPOSITION CREMATION		TIME OF DEATH 3:05 P.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. PNEUMONIA					Approximate Interval Between Onset and Death 2 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 ALZHEIMERS DS.					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER THOMAS H. ZEPEDA, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY			
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			



State of Idaho:
County of Twin Falls) ss

On this 7th day of June, 2001, I certify that the above document is a true, exact, complete and unaltered photocopy made by me of a Certificate of Death of Robert R. Kunsman.

[Signature]
Notary Public Commission expires 1-15-04

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: APRIL 23, 2001

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

[Signature]
JANE S. SMITH
STATE REGISTRAR

