

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

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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.

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 division of the existing water right or adjudication claim record will be required.

| Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split | Water<br>Right No(s). | Adjudication<br>Claim No(s). | Split |
|-----------------------|------------------------------|-------|-----------------------|------------------------------|-------|
| 22-10806              |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |
|                       |                              |       |                       |                              |       |

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$25 - -KM
- 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)

Leslie B. Grover  
 574 W. 7000 S. Rexburg, Idaho 83440

4. New Owner/Claimant(s)

Lois M. Grover Catherine Dilley  
 Name Connector (Check one): ☒ and, ☐ or, ☐ and/or

New Mailing Address

574 W. 7000 S. Rexburg, Idaho

City, State and ZIP Code

Rexburg, Idaho 83440

New Telephone Number

(208) 356-6500

5. Date you acquired the property

8-1-1988

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Department of Water Resources  
 Eastern Region

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 22-10806

| Water Use    | Diversion Rate or Volume<br>(cubic feet per second or acre-feet per annum) | Description<br>(acres, number and type of stock, homes, etc) |
|--------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Irrigation   | _____                                                                      | _____                                                        |
| Stock        | _____                                                                      | _____                                                        |
| Domestic     | _____                                                                      | _____                                                        |
| Other _____  | _____                                                                      | _____                                                        |
| <b>Total</b> | _____                                                                      | _____                                                        |

**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<br>(cubic feet per second or acre-feet per annum) | Description<br>(acres, number and type of stock, homes, etc) |
|--------------|----------------------------------------------------------------------------|--------------------------------------------------------------|
| Irrigation   | _____                                                                      | _____                                                        |
| Stock        | _____                                                                      | _____                                                        |
| Domestic     | _____                                                                      | _____                                                        |
| Other _____  | _____                                                                      | _____                                                        |
| <b>Total</b> | _____                                                                      | _____                                                        |

7. Signature of New Owner(s) or Claimant(s) Luis Arroyo  
(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>KF</u> | Date <u>7-25-03</u> | Fee <u>\$25</u>            |
| Received by <u>KF</u> | Date <u>7-25-03</u> | Receipt No. <u>E029034</u> |
| Processed by _____ AJ | Date _____          | WR _____ Date _____        |

**CERTIFICATE OF VITAL RECORD**

**STATE OF IDAHO**  
IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Date Filed JUNE 02, 2003

State File No. 2003-03894

|                                                                                                                                |                                                  |                                                                               |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>LESLIE B GROVER</b>                                                                                |                                                  |                                                                               |                                                              |
| SEX<br><b>MALE</b>                                                                                                             | SOCIAL SECURITY NUMBER<br><b>519-36-5031</b>     | AGE<br><b>68 YEARS</b>                                                        | DATE OF BIRTH<br><b>DECEMBER 08, 1934</b>                    |
| BIRTHPLACE<br><b>ARCHER, IDAHO</b>                                                                                             |                                                  | PLACE OF RESIDENCE<br><b>REXBURG, IDAHO</b>                                   |                                                              |
| MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>                                                                              |                                                  | NAME OF SURVIVING SPOUSE (If wife, maiden name)<br><b>LOIS MARGARET HOOPE</b> | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>NO</b>         |
| FATHER - NAME<br><b>RAYMOND GROVER</b>                                                                                         |                                                  | BIRTHPLACE<br><b>IDAHO</b>                                                    |                                                              |
| MOTHER - MAIDEN NAME<br><b>KATIE ARBORELLA BROWNING</b>                                                                        |                                                  | BIRTHPLACE<br><b>IDAHO</b>                                                    |                                                              |
| METHOD OF DISPOSITION<br><b>BURIAL</b>                                                                                         |                                                  | FUNERAL SERVICE LICENSEE<br><b>TERRY W. ECKERSSELL</b>                        |                                                              |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>ECKERSSELL MEMORIAL CHAPEL, RIGBY, IDAHO</b>                                        |                                                  |                                                                               |                                                              |
| DATE OF DEATH<br><b>MAY 19, 2003</b>                                                                                           | TIME OF DEATH<br><b>8:32 P.M.</b>                | CITY, TOWN OR LOCATION OF DEATH<br><b>IDAHO FALLS, IDAHO</b>                  | COUNTY OF DEATH<br><b>BONNEVILLE</b>                         |
| CAUSE OF DEATH (underlying cause last)<br><b>PROSTATE CANCER</b>                                                               |                                                  |                                                                               | Approximate Interval Between Onset and Death<br><b>YEARS</b> |
| a. DUE TO (or as a consequence of):                                                                                            |                                                  |                                                                               |                                                              |
| b. DUE TO (or as a consequence of):                                                                                            |                                                  |                                                                               |                                                              |
| c. DUE TO (or as a consequence of):                                                                                            |                                                  |                                                                               |                                                              |
| d. DUE TO (or as a consequence of):                                                                                            |                                                  |                                                                               |                                                              |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                  |                                                                               | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                       |
| MANNER OF DEATH<br><b>NATURAL</b>                                                                                              | NAME OF CERTIFIER<br><b>TONY C. ROISUM, M.D.</b> |                                                                               | TITLE<br><b>PHYSICIAN</b>                                    |
| 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 04, 2003

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

*Jane S. Smith*  
**JANE S. SMITH**  
STATE REGISTRAR

