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FEB 27 2003

STATE OF IDAHO
Department of Water Resources
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

WATER RESOURCES
WESTERN REGION

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 Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
67-13995					

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. \$25—
- 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**.
Current Tax Notice also accepted as sufficient proof of ownership.
- 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) Paul A Grossenbach
1910 Pole Creek Rd Council ID 83612
4. New Owner/Claimant(s) Terry E. Shoen Mary M. Shoen
Name Connector (Check one): ☐ and, ☒ or, ☐ and/or
1910 Pole Creek Rd
New Mailing Address
City, State and ZIP Code Council ID 83612
New Telephone Number (208) 253-4206
5. Date you acquired the property 6-1-02

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	_____	_____

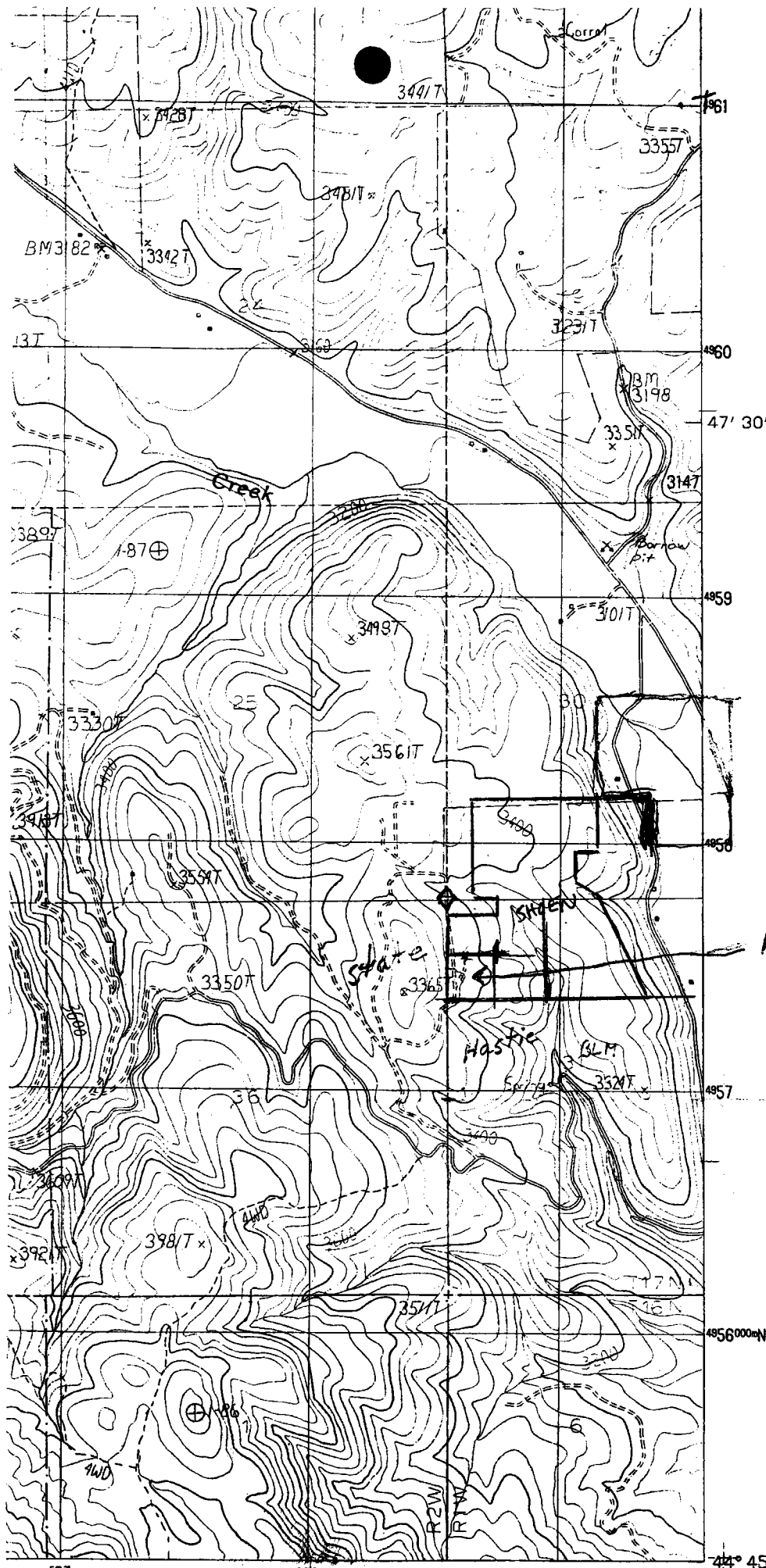
DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) _____
(include title if applicable)
- Mary M. Shoen*
Terry E. Shoen

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>DH</u>	Date <u>2.27.03</u>	Fee <u>\$25 -</u>
Received by <u>DH</u>	Date <u>2.27.03</u>	Receipt No. <u>W030106</u>
Processed by _____ AJ	Date _____	WR _____ Date _____



Homesite
100x5 (660') x 100x5 (660')

Hastie

MAKE CHECK PAYABLE TO:
ADAMS COUNTY TREASURER
P. O. BOX 47
COUNCIL, ID 83612
(208) 253-4263

2002 TAX BILL/RECEIPT

BILL# 5246 CODE AREA 17-00 L

PARCEL NUMBER
RP17N01W306000A
1,411

1ST HALF DUE

TAX 12.30

LATE

INT

COST

TOT

2ND HALF DUE

TAX 12.30

LATE

INT

COST

TOT

FULL DUE

TAX 24.60

TOT MV

1,411

TOT ACS

28.080

SHOEN TERRY E & MARY M
18039 LILLEHEI AVENUE
HASTINGS MN 55033

T174 R1W SEC 30
PT LOT 4
28.08 AC

TAXING DISTRICT	RATE	AMOUNT
STATE	.00000000	
COUNTY	.004959324	7.00
SCHOOL 13	.003099064	4.36
CEMETERY C	.000159983	.22
COUNCIL FIRE	.000499243	
COUNCIL AMBULNC	.000397753	.56
COUNCIL LIBRARY	.000418836	.58
HOSPITAL	.001768882	2.50
DISTRICT TOTAL	.011303085	15.22
FIRE PROTECTION		8.44
FPA		.94
AMOUNT DUE		24.60

★ ★ ★ IMPORTANT ★ ★ ★
PLEASE READ BOTH FRONT AND BACK
★ ★ ★ MONTHLY PAYMENTS ARE ACCEPTED ★ ★ ★

PAYMENTS RECEIVED WITH A DELINQUENCY WILL BE
APPLIED TO THE OLDEST DELINQUENT YEAR.
TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.
KEEP TOP PORTION FOR YOUR RECORDS.
PERSONAL CHECKS ARE YOUR RECEIPT
SUBJECT TO BANK CLEARANCE.

TO PAY BY CREDIT CARD CALL OR ACCESS:
1-800-272-9829 OR WWW.OFFICIALPAYMENTS.COM

MAKE CHECK PAYABLE TO:
ADAMS COUNTY TREASURER
P.O. BOX 47
COUNCIL, ID 83612
(208) 253-4263

2002 TAX BILL/RECEIPT

BILL# 5248 CODE AREA 17-00 L

PARCEL NUMBER
RP17N01W306601A
909

TAX 4.90
LATE
INT
COST
TOT

2ND HALF DUE 4.90

TAX 9.80
LATE
INT
COST
TOT

TOT MV

909

TOT

TOT

TOT ACS

14.460

SHOEN TERRY E & MARY M
18039 LILLEHEI AVENUE
HASTINGS MN 55033

TITAN RIN SEC 30
TAX #526 IN SE4SW4
14.46 AC

TAXING DISTRICT

STATE .000000000
COUNTY .004959324
SCHOOL 13 .003099064
CEMETERY C .000159983
COUNCIL FIRE .000499243
COUNCIL AMBULNC .000397753
COUNCIL LIBRARY .000418836
HOSPITAL .001768882
AMOUNT DUE .011303085

AMOUNT
4.50
2.82
.14
.36
.38
1.60
9.80

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COUNCIL, ID 83612
(208) 253-4263

2002 TAX BILL/RECEIPT

BILL# 5255
BANK CODE COUN

CODE AREA 17-00

PARCEL NUMBER
RP17N01W312708A
11,421
77,954

1ST HALF DUE
TAX 345.25

2ND HALF DUE
TAX 345.25

FULL DUE
TAX 690.50

TOT MV
HM-

89,375
34,679

TAX
LATE
INT
COST
TOT

TAX
LATE
INT
COST
TOT

TAX
LATE
INT
COST
TOT

NET MV
TOT ACS

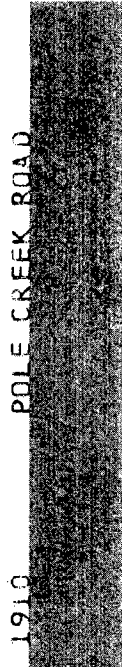
54,696
56,270

SHOEN TERRY E & MAKY M
18039 LILLEHEI AVENUE
HASTINGS MN 55033

T17N R1W SEC 31
TAX #1639 IN LOT 1 & IN NE4NW4
56.27 AC

TAXING DISTRICT
STATE .000000000
COUNTY .004959324
SCHOOL 13 .003099064
CEMETERY C .000159983
COUNCIL FIRE .000499243
COUNCIL AMBULNC .000397753
COUNCIL LIBRARY .000418636
HOSPITAL .001768882
DISTRICT TOTAL .011303085
SOLID WASTE/PES
RECREATION DISTRICT
AMOUNT DUE

RATE
AMOUNT
271.26
169.50
3.74
21.60
21.76
22.90
96.74
612.50
48.00
30.00
690.50



POLE CREEK ROAD

THIS IS ONLY A COPY OF YOUR
TAX BILL THE ORIGINAL HAS
BEEN SENT TO A TAX SERVICE
AS REQUESTED.

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MAKE CHECK PAYABLE TO:
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P.O. BOX 47
COUNCIL, ID 83612
(208) 253-4263

1ST HALF DUE

TAX 39.24
LATE
INT
COST
TOT

2ND HALF DUE

TAX 39.24
LATE
INT
COST
TOT

BILL# 5257
BANK CODE COUN

CODE AREA 17-00

L

2002 TAX BILL/RECEIPT

PARCEL NUMBER
RP17N01W313300A
46

TOT MV 46

TOT ACS 1.990

SHOEN TERRY E & MARY M
18039 LILLEHEI AVE
HASTINGS MN 55033

T17N R1W SEC 31
PT SW4NW4NW4
1.99 AC

TAXING DISTRICT	RATE	AMOUNT
STATE	.000000000	
COUNTY	.004959324	.22
SCHOOL 13	.003099064	.14
CEMETERY C	.000159983	
COUNCIL FIRE	.000499243	
COUNCIL AMBULNC	.000397753	.02
COUNCIL LIBRARY	.000418836	.02
HOSPITAL	.001768882	.08
DISTRICT TOTAL	.011303085	.48
SOLID WASTE/RES		48.00
RECREATION DISTRICT		30.00
AMOUNT DUE		78.48

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