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APR 09 2003

WATER RESOURCES
WESTERN REGION

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, 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
51-10053					

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2. The following **REQUIRED** information must be submitted with this form: Name Removal Only
- A. The appropriate **FILING FEE**. See instructions for fee amounts. ~~0~~ *Fee waived
- 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) Richard R or Clara B Morris
PO Box 655 Bruneau ID 83604
4. New Owner/Claimant(s) Clara B Morris
 Name Connector (Check one): [] and, [] or, [] and/or
PO Box 655
 New Mailing Address _____
 City, State and ZIP Code Bruneau ID 83604
 New Telephone Number (208) 845-2345
5. Date you acquired the property N/A

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) CLARA B. MORRIS Clara B. Morris
(include title if applicable) Clara B. Morris

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 DH

Date 4-9-03

Fee 0

Received by _____

Date _____

Receipt No. _____

Processed by _____ AJ

Date _____

WR _____

Date _____

LOCAL FILE NUMBER 6035

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

USE PERMANENT BLACK INK

1. NAME OF DECEDENT FIRST: Richard MIDDLE: Raymond LAST: Morris		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) December 31, 2002	3b. TIME OF DEATH (24 hr. clock) 16:40
4. DATE OF BIRTH (Mo., Day, Yr.) Sept. 10, 1925		5. AGE - Last Birthday 77	6. BIRTHPLACE (City & State or Foreign Country) Orient, Illinois	7. SOCIAL SECURITY NUMBER 356-14-1076
8a. PLACE OF DEATH (check only one) ☐ 1. Inpatient ☒ 2. ER/Outpatient ☐ 3. DOA ☐ 4. Other (specify)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Heritage Eastridge		
9a. CITY, TOWN, OR LOCATION OF DEATH Salt Lake		9b. SURVIVING SPOUSE (if wife, give maiden name) Clara B. Conner		
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☒ 1. Yes ☐ 2. No		11. MARITAL STATUS ☒ 1. Never Married ☐ 2. Widowed ☐ 3. Married ☐ 4. Divorced		
12a. DECEDECENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Machinist		12b. KIND OF BUSINESS OR INDUSTRY Machinery		
13a. RESIDENCE - STREET AND NUMBER P.O. Box 655		13b. CITY, TOWN OR COMMUNITY Bruneau		13c. COUNTY Owyhee
13d. INSIDE CITY LIMITS? ☒ 1. Yes ☐ 2. No		13e. ZIP CODE 83604		13f. STATE Idaho
14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) ☐ 1. Mexican ☐ 2. Cuban ☐ 3. Puerto Rican ☐ 4. Other (Specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White		16. EDUCATION (specify only highest grade completed) Elementary Secondary (10-12) College (13 or 17+) -12-
17. FATHER'S NAME (First, Middle, Last) Robert E. Morris		18. MAIDEN NAME OF MOTHER (First, Middle, Last) Edith D. Howard		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Clara Morris (Wife) P.O. Box 655 Bruneau, Idaho 83604				
20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☒ 5. Cremation ☐ 6. Removal		21a. DATE OF DISPOSITION January 2, 2003		
21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Neil O'Donnell & Sons Crematory		21c. LOCATION - City or Town, State Salt Lake City, UT.		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE Stephen O. Schrade		23. LICENSEE NUMBER 881157590902		24. FUNERAL HOME (Name and address) Neil O'Donnell & Sons 372 East 100 South Salt Lake City, UT.
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN December 24, 2002		26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____		
27a. CERTIFIER ☒ 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ 2. MEDICAL EXAMINER/LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.				
27b. SIGNATURE AND TITLE OF CERTIFIER Steven Warren, M.D.		27c. LICENSE NUMBER 168632-1205		27d. DATE SIGNED (Month, Day, Year) January 03, 2003
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) Steven Warren, M.D. 25 South Main Street Centerville, UT. 84014				
29. REGISTRAR'S SIGNATURE Cara Cavey		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) January 02, 2003		30b. DATE FILED (Mo., Day, Yr.) January 06, 2003
31. PART I. ENTER THE DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. dementia, multi-infarct DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ 1. Probably contributed to the cause of death. ☐ 5. NON USER ☐ 2. Was the underlying cause of death. ☒ 6. UNKNOWN IF USER ☐ 3. Did not contribute to the cause of death. ☐ 4. Is unknown in relation to the cause of death. 33a. WAS AN AUTOPSY PERFORMED? ☐ 1. Yes ☒ 2. No 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☐ 2. No 34. MANNER OF DEATH ☒ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined ☐ 6. Pending Investigation 35a. DATE OF INJURY (Mo., Day, Yr.) 35b. TIME OF INJURY (24 Hour Clock) 35c. INJURY AT WORK? ☐ 1. Yes ☐ 2. No 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (specify) 35e. LOCATION (Street or rural route number, city or town, county and state.) 35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian. 35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31)				

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

JANUARY 06, 2003

County

SALT LAKE

Registrar

Cara Cavey

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Ellen Freeman

LL 1225447



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.



JAN 19 2005

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