

MEMORANDUM

DATE: February 2, 2005
FROM: JUSTIN ALDRIDGE
TO: FILE 47-13312
RE: Telephone conversation

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When the 2nd request letter was returned to me with the "forward order expired" stamp on the envelope, I called the numbers on the Notice of Ownership Change Form. The first number on the form (233-6763) was longer in service, but the second number (483-3515) Margaret Reed's daughter answered. She told me that they had sold the farm. The new owners are Christopher and Rebecca Barth of Bend Oregon. She gave me their address and phone number. I told her I would send them a letter suggesting they should change the water right ownership.

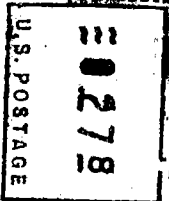
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
322 East Front Street, P.O. Box 83720
Boise, Idaho 83720-0098

Return Service Requested

FORWARD ORDER EXPIRED
PRESORTED
FIRST CLASS



PB
METER
7140300



RECEIVED
FEB - 1 2005
DEPARTMENT OF
WATER RESOURCES

RECEIVED

NOV 13 2001

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

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 (under the "split" heading), 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
~~47-12331~~					
47-12332	Dom/stock - decreed through SRBA.				
13312	(KKC)				

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) is 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)

Howard Eugene Reed (deceased 1992)
 Margaret Edna Reed

4. New Owner/Claimant(s)

Reed Family Living Trust

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

New Mailing Address

5100 Pinion Drive

City, State and ZIP Code

Pocatello, ID 83204

New Telephone Number

208 233-6763 or 208 483-3515

5. Date you acquired the property

13 May 1992 (Trust Set up)

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) Margaret E. Reed
(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 _____ Date _____ Fee _____
 Receipted by _____ Date _____ Receipt No. _____
 Processed by _____ AJ Date _____ WR _____ Date _____

THE REED FAMILY LIVING TRUST

THIS TRUST AGREEMENT, dated this 13th day of May, 1992, is among HOWARD EUGENE REED and MARGARET EDNA REED, husband and wife, of Twin Falls County, Idaho (referred to collectively as "Grantors" and singly as "Grantor") and HOWARD EUGENE REED and MARGARET EDNA REED, husband and wife, of Twin Falls County, Idaho (referred to collectively as the "Trustee").

ARTICLE 1: CREATION OF THE TRUST

1.1 Initial Trust Estate. By this agreement, grantors assign, convey, transfer and deliver to the trustee the property described on Schedule A attached hereto and the trustee accepts such property as the initial trust estate. Such property shall be held IN TRUST and shall be administered and distributed upon the terms and conditions herein set forth.

1.2 Character of Property. The property described on Schedule A is the community property of grantors and shall retain its character as such in the trust estate.

1.3 Additions to Trust. Grantors, or either of them, or any other person may from time to time transfer or devise additional property to the trustee upon the terms of this agreement.

1.4 Name of Trust. While either grantor is living, the trust hereby created shall be known as The Reed Family Living

SCHEDULE "A"

(Attached to and forming a part of
THE REED FAMILY LIVING TRUST
dated May 13, 1992

Southwest Quarter (SW $\frac{1}{4}$) of Southeast Quarter (SE $\frac{1}{4}$) of Sec. 26, Twp. 9 So., R. 15, E.B.M., except the East Twenty (20) feet thereof; and South Half (S $\frac{1}{2}$) of Southwest Quarter (SW $\frac{1}{4}$) of Sec. 26, Twp. 9 So., R. 15, E.B.M., together with all water rights appurtenant thereto and together with all and singular the buildings, structures, improvements, tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

9.5 15E 26
SW SW

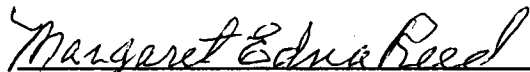
8.9 Governing Law. The laws of Idaho shall govern all questions as to the validity and construction of this agreement and of all trusts created by this agreement.

8.10 Other Principles of Construction. Words in any gender shall be deemed to include the other genders; the singular shall be deemed to include the plural and vice versa; the words "pay" and "distribute" shall also mean assign and convey; and the table of contents, headings and paragraph titles are for guidance only and shall have no significance in the interpretation of this agreement.

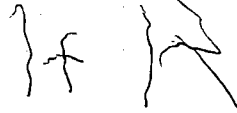
IN WITNESS WHEREOF, the parties have executed this agreement on the day and year first above written.



HOWARD EUGENE REED, Grantor



MARGARET EDNA REED, Grantor



HOWARD EUGENE REED, Trustee



MARGARET EDNA REED, Trustee

STATE OF IDAHO)
) ss.
County of Ada)

On this 13th day of May, 1992, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared HOWARD EUGENE REED and MARGARET EDNA REED, known or identified to me to be the persons whose names are subscribed to the within instrument as grantors and acknowledged to me that they executed the same.

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

Chris Ode
Notary Public for Idaho
Residing at Bose Idaho
My commission expires on 1-27-98

STATE OF IDAHO)
) ss.
County of Ada)

On this 13th day of May, 1992, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared HOWARD EUGENE REED and MARGARET EDNA REED, known or identified to me to be the persons whose names are subscribed to the within instrument as trustees and acknowledged to me that they executed the same.

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

Chris Ode
Notary Public for Idaho
Residing at Bose Idaho
My commission expires on 1-27-98

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

CERTIFICATE OF DEATH

DATE FILED: NOVEMBER 16, 1992

STATE FILE NUMBER: 92-06451

DECEDENT: HOWARD EUGENE REED

DATE OF DEATH: NOV. 04, 1992

PLACE OF DEATH: BUHL, IDAHO

DATE OF BIRTH: JUNE 29, 1910

PLACE OF BIRTH: IOWA

AGE: 82 YEARS

SEX: MALE

VETERAN? NO

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN): MARGARET HAMPTON

SOCIAL SECURITY NUMBER: 519-40-6222

RESIDENCE: BUHL, IDAHO

FATHER: WILLIAM H. REED

FATHERS BIRTHPLACE: UNKNOWN

MOTHER (MAIDEN): EMMA A. WITHAM

MOTHERS BIRTHPLACE: UNKNOWN

MORTUARY: REYNOLDS FUNERAL CHAPEL

MORTICIAN: JOHN M. HEAD

TWIN FALLS, IDAHO
DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: LAURENCE L. MARTENS, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

MALIGNANT CARDIAC ARRHYTHMIA
ELECTROLYTE ABNORMALITY
REFUSAL OF FOOD & FLUIDS

MINUTES
DAYS
WEEKS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL