

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

RECEIVED

MAY 13 2002

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
67-432413	No fee				
67-11461	reissued				

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Department of Water Resources

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. *WLC based on Glen's memo for ownership change.*
- 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)

McEarl Attebury
1173 N. River Rd Payette, ID 83661

4. New Owner/Claimant(s)

Betty Attebury Bell
 Name Connector (Check one): ☒ and, ☐ or, ☐ and/or

New Mailing Address

Same address

City, State and ZIP Code

New Telephone Number

(208) 642-9760

5. Date you acquired the property

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)

Betty Attberry Bell

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>DB</u>	Date <u>5/13/02</u>	Fee <u>N/A</u>
Receipted by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

0001/0
I.D. TAG NO.
92-201
Local File Number

HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Marshall Middle: Earl Last: ATTEBERY			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Oct. 10, 1992		
4. SOCIAL SECURITY NUMBER 519 20 6968		5a. AGE-Last Birthday (Years) 67	5b. Under 1 Year Mos. Days	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Weiser, Idaho	7. DATE OF BIRTH (Month, Day, Year) November 15, 1924
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No			9a. PLACE OF DEATH (Check only one) ☒ HOSPITAL ☐ Inpatient ☐ EROutpatient ☐ OOA ☐ OTHER ☐ Nursing Home ☐ Decedent's Home ☐ Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) Holy Rosary Med. Center 351 S.W. 9th St.			9c. CITY, TOWN, OR LOCATION OF DEATH Ontario		9d. COUNTY OF DEATH Malheur	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Service Representative			10b. KIND OF BUSINESS/INDUSTRY Commercial Refrigeration		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
12. SPOUSE (If Married, Widowed) Betty Gene Thompson			13d. STREET AND NUMBER 11773 N. River Road			
13a. RESIDENCE - STATE Idaho		13b. COUNTY Payette	13c. CITY, TOWN OR LOCATION Payette		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (8-12) College (1-4 or 5+) 12	
13e. INSIDE CITY LIMITS? ☐ Yes ☒ No		13f. ZIP CODE 83661	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	
17. FATHER - NAME first middle last Henry Attebery		18. MOTHER - NAME first middle maiden Maude Brown		19. INFORMANT - NAME and relationship to deceased Betty Attebery Wife		
20a. METHOD OF DISPOSITION ☐ Mausoleum ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Hillcrest Cemetery		20c. LOCATION - City or Town, State Weiser, Idaho	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>			21b. LICENSE NUMBER (Of Licensee) M632		22. NAME, ADDRESS AND ZIP OF FACILITY Thomason Funeral Home 221 E. Court Weiser, Idaho 83672	
23. DATE FILED (Month, Day, Year) October 22, 1992			24. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? ☒ YES ☐ NO ☐ N/A			26. WAS GIFT MADE? ☒ YES ☐ NO ☐ N/A			
TO BE COMPLETED BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 10:45 P M ☐ Yes ☒ No			31a. TIME OF DEATH M			
28. WAS MEDICAL EXAMINER NOTIFIED? ☐ Yes ☒ No			31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M			
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			32. 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 stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 10-20-92			33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)						
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Ronald Carroll MD 823 Center Ave Payette, Idaho 83661						
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.						
PART I (a) Pneumonia, Interval between onset and death 1-2 wks						
(b) Multiple CVA's Interval between onset and death						
(c) Interval between onset and death						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. Gastroenteric Feeding Tube Present						
37. Did tobacco use contribute to the death? ☐ Yes ☐ Probably ☒ No ☐ Unknown		38. AUTOPSY ☐ Yes ☒ No		39. If YES were findings considered in determining cause of death? ☐ Yes ☐ No ☐ N/A		
40. MANNER OF DEATH ☒ Natural ☐ Pending Investigation ☐ Undetermined ☐ Suicide ☐ Legal Intervention ☐ Homicide		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY M ☐ Yes ☐ No		
41c. INJURY AT WORK? ☐ Yes ☐ No		41d. DESCRIBE HOW INJURY OCCURRED				
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
RESERVED FOR REGISTRAR'S USE						

ORIGINAL - VITAL STATISTICS COPY

45-2 Rev 7/91

DATE ISSUED

October 22, 1992

STATE OF OREGON, COUNTY OF MALHEUR)ss

HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL STATISTICS SECTION OF THE OREGON STATE HEALTH DIVISION.

COUNTY REGISTRAR

[Signature]

NOT VALID WITHOUT RAISED SEAL OF MALHEUR COUNTY HEALTH DEPARTMENT

MAKE CHECK PAYABLE TO: TAX YEAR 2004 CD AREA: 11
PAYETTE COUNTY TAX COLLECTOR
DONNA D. PETERSON, TREASURER***2004 TAX BILL/RECEIPT***
1130 3RD AVENUE NORTH RM #103 COUNTY OF PAYETTE
PAYETTE, ID 83661 STATE OF IDAHO
PHONE: (208) 642-6004

PARCEL: 2627 1
STATE #:01980002000B
REAL PROPERTY
VALUATION
LAND 28,410
IMPRVMNTS 6,010
PERS.PROP.
MOBILE HM 16,890
SUBTOTAL 51,310
-HM EXEMP 8,445
TOTAL 42,865

*PAID 12-15-04
CK # 2280 300.17*

BELL, BETTY ATTEBERY
11773 N RIVER RD
PAYETTE ID 83661

TAXING DIST	PHONE#	RATE	AMOUNT
COUNTY	642-6000	.004685936	200.87
GOPHER EXTERM	642-2316	.000119741	5.13
RECREATION	452-3542	.000380802	16.32
SCHOOL #371 J	642-9366	.006186725	265.19
RIVERSIDE CEM	642-2764	.000281120	12.05
ROAD & BRIDGE	278-3402	.000813285	34.86
REDEEM JAIL B	642-6000	.000205064	8.79
AMBULANCE DIS	452-4421	.000412302	17.67

TAX 6, BLK 2
WOODSPUR TR
72 GENTRY M.H.

SUBTOTAL	.013084975	560.88
NEW LANDFILL	642-6036	36.00
CANYON # 2		3.46

LOC: 11773.0 N RIVER RD
TOTAL ACRES: 8.89

TAXES DELINQUENT FOR:

*** 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.

TOT TAX, SPECIALS, FEES	600.34
-CIRCUIT BREAKER EXEMPTION	.00
SUBTOTAL	600.34

NET TAX, SPECIALS, FEES 600.34

Credit card payments are accepted through
Official Payments at 1-800-272-9829 (jurisdiction
code 2215) or on-line at www.officialpayments.com
Also available is our new drop box located at the
west front door of the courthouse.

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

BELL, BETTY ATTEBERY

2627 1
YR: 2004
CD: 11

DELINQUENCIES:

2ND HALF

STATE #
01980002000B

AMOUNT DUE 300.17

COUNTY: PAYETTE

LATE
INT
COST
TOT

DELINQUENT IF NOT PAID ON OR BEFORE JUNE 20, 2005

KNOW ALL MEN BY THESE PRESENTS, That I, Marshall Earl Attebery

are made, constituted and appointed, and by these presents do hereby make, constitute and appoint
Betty Attebery

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to demand, sue for, recover, collect and receive all such sums of money, debts, rents, dues, accounts, legacies, bequests, interests, dividends, annuities and demands whatsoever, as now or shall hereafter become due, owing, payable or belonging to me, to have, use and take all lawful ways and means in my name or otherwise for the recovery thereof, and to compromise, settle and adjust and to execute and deliver acquittances or other sufficient discharges for any of the same; to bargain, contract for, purchase, receive and take lands, tenements, hereditaments, and accept the seizin and possession thereof and all deeds and other assurances in the law therefor and to lease, let, demise, bargain, sell, remise, release, convey, mortgage and hypothecate lands, tenements and hereditaments, including my right of homestead in any of the same for such price, upon such terms and conditions and with such covenants as my said attorney shall think fit; to sell, transfer and deliver all or any shares of stock owned by me in any corporation for any price and receive payment therefor and to vote any such stock as my proxy; to bargain for, buy, mortgage, hypothecate and in any and every way and manner deal in and with goods, wares and merchandise, choses in action, and other property in possession or in action, and to make, do and transact all and every kind of business of whatsoever nature or kind; for me and in my name and as my act and deed, to sign, seal, execute, acknowledge and deliver all deeds, covenants, indentures, agreements, trust agreements, mortgages, pledges, hypothecations, bills of lading, bills, bonds, notes, evidences of debt, receipts, releases and satisfactions of mortgages, judgments and other debts payable to me and other instruments in writing of whatever kind and nature which my said attorney in his/her absolute discretion shall deem to be for my best interests, to have access to any safety deposit box which has been rented in my name, or in the name of myself and any other person or persons; to sell, discount, endorse, deliver and/or deposit all checks, drafts, notes and negotiable instruments payable to my order, to withdraw any moneys deposited in my name with any bank, by check or otherwise, and generally to do any business with any bank or banker on my behalf; to complete, sign, and deliver any tax return or form and pay taxes thereon or collect refunds therefrom; also

This Power of Attorney shall not be affected by the disability of the principal.

GIVING AND GRANTING unto my said attorney full power and authority to do and perform all and every act and thing whatever requisite and necessary to be done in and about the premises, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said attorney or my said attorney's substitute or substitutes shall lawfully do or cause to be done by virtue of these presents.

This power shall take effect: (delete inapplicable phrase)

(a) on the date next written below;

(b) ~~on the day for which these presents are acknowledged to be made~~

My said attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual notice either of such revocation or of my death.

In construing this instrument and where the context so requires, the singular includes the plural.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on February 6, 1990

Marshall Earl Attebery

IDAHO
STATE OF ~~OREGON~~, County of Payette ss.

This instrument was acknowledged before me on February 6, 1990, by Marshall Earl Attebery.

(SEAL)

[Signature]
Notary Public for ~~Idaho~~ Idaho
My Commission expires 10-15-92

Power of Attorney

To

(DON'T USE THIS
SPACE; RESERVED
FOR RECORDING
LABEL IN COUNTIES
WHERE USED.)

AFTER RECORDING RETURN TO

STATE OF OREGON

County of _____ } ss.

I certify that the within instrument was received for record on the _____ day of _____, 19____, at _____ o'clock _____M., and recorded in book/reel/volume No. _____, on page _____, or as fee/file/instrument/microfilm/reception No. _____, Record of _____ of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By _____ Deputy