

RECEIVED

OCT 13 2000

STATE OF IDAHO

IDAHO DEPARTMENT OF WATER RESOURCES

Department of Water Resources
Eastern Region

NOTICE OF CHANGE OF WATER RIGHT OWNERSHIP

RECEIVED
SEP 25 2000Please print or type. Attach pages with additional information. Instructions are on the back of this page.
Incomplete forms will be returned.

RECEIVED

OCT 30 2000

1. Water Right Number(s) _____
Adjudication Claim Number(s) 22-10908 (partial decree) Department of Water Resources

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

N/A-SEE ATTACHED DEATH CERTIFICATE TO REMOVE NAME OF DECEASED.

A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE, or other legal document indicating your ownership of the property and water rights or claims in question, WITH ATTACHED LEGAL DESCRIPTION.

AND

B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually on file with the county.)

OR

C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency (formerly ASCS) AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.

NAME CHANGE ONLY AS A RESULT OF DEATH. SEE CERTIFICATE ATTACHED

3. Name and Address of Former Owner/Claimant(s) LEILA LEWIS, MICHAEL LEWIS, & ROBERT LEWIS
4747 UNIT L ALBION WOODS
BOISE, ID 837054. New Owner/Claimant(s) LEILA LEWIS, MICHAEL LEWIS
Name connector (Check one): ☐ AND, ☐ OR, ☒ AND/ORNew Mailing Address 374 SPRING CREEK ROADCity, State and ZIP Code PROVIDENCE, UT 84332New Telephone Number (435) 752 - 1593Michael Lewis
374 Springcreek Rd.
Providence Ut. 843325. Date you acquired the property Home stead

6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.

N/A

Number of acres actually irrigated _____ Number and type of stock _____

Diversion rate in CFS _____ Number of homes _____ Other uses _____
cubic feet per second

If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.

7. Signature of New Owner/Claimant(s)

x Leila LewisDate x 9/22/2000x Michael LewisDate x 9/22/2000

(Corporations or other organizations must submit a list of directors/officers demonstrating authority to sign form.)

8. For Snake River Basin Adjudication Claims: If you are represented by an attorney and you want IDWR to correspond directly with your attorney for all matters related to your claims, please attach a Notice of Appearance completed by your attorney.

STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Information Access Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER 25-0459		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Robert Richard Lewis		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) Apr 24, 1999
3b. TIME OF DEATH (Hr., Min.) 1555		4. DATE OF BIRTH (Mo., Day, Yr.) Oct 28, 1947	
5. AGE - (Last Birthday) 51		6. BIRTHPLACE (City & State or Foreign Country) Rexburg, ID	
7. SOCIAL SECURITY NUMBER 519-58-4217		8a. PLACE OF DEATH (Check only one) ☐ 1. Inpatient ☒ 2. ER/Outpatient ☐ 3. DOA ☐ 4. Nursing Home ☐ 5. Residence ☐ 6. Other	
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If other than a facility, give street address of location) Columbia Mountain View Hospital		9. SURVIVING SPOUSE (If wife, give maiden name) Linda Carol Jones	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES ☐ 1. Yes ☒ 2. No		11. MARITAL STATUS ☐ 1. Never Married ☒ 2. Married ☐ 3. Widowed ☐ 4. Divorced	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) School Teacher		12b. KIND OF BUSINESS OR INDUSTRY Education	
13a. RESIDENCE - STREET AND NUMBER 2145 Canyon Road		13b. CITY, TOWN, OR COMMUNITY Springville	
13c. COUNTY Utah		13d. STATE UT	
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 or Secondary (0-12)-College (13-16 or 17+) 17		17. FATHER'S NAME (First, Middle, Last) Rulon H Lewis	
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Leila Richards		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Linda Carol Lewis Wife 2145 Canyon Road, Springville, UT 84663	
20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removal		21a. DATE OF DISPOSITION Apr 29, 1999	
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Evergreen Cemetery		21c. LOCATION - City or Town, State Springville, UT 84663	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE Wanda B. Wilkey		23. LICENSE NUMBER 962726730902	
24. FUNERAL HOME (Name, address and license number) Wheeler Mortuary 211 East 200 South Springville, UT 84663-81-101124-0901		25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN Apr 11 24, 1999	
26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No		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 Kim Aoki, M.D. Mnt. View Hospital, 1000 E. US Hwy 6, Payson, UT 84651		27c. LICENSE NUMBER 871760701205	
27d. DATE SIGNED (Mo., Day, Yr.) 5/1/99 MAY 1, 1999		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) Kim Aoki, M.D. Mnt. View Hospital, 1000 E. US Hwy 6, Payson, UT 84651	
29. REGISTRAR'S SIGNATURE Joseph K. Miner, MD		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) Apr 27, 1999	
30b. DATE FILED (Mo., Day, Yr.) MAY 03 1999		31. PART 1 ENTER THE DISEASES, 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. Renal Failure IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Diabetes Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. Part 2: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1.	
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT ☐ 1. Probably contributed to the cause of death. ☒ 2. Was the underlying cause of death. ☐ 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 if injured Purposefully or Accidentally ☐ 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. 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: **OCT 29 1999**

County **Utah**

Registrar **Joseph K. Miner, MD**

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By



* 0 0 5 9 2 0 1 7 *

Amber Hall

DEPUTY



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