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APR 3 2003

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.

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APR - 4 2003
 Department of Water Resources
 Southern Region

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
47-10774					

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APR - 9 2003

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.
- 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) Lavar and Walene Matkin
912 Robertson Buhl Id 83316
4. New Owner/Claimant(s) Kurtland P Matkin
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 912 Robertson
 City, State and ZIP Code Buhl Id 83316
 New Telephone Number () 208-543-6631
5. Date you acquired the property 3-26-03

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) x Kurtland P. Mathin
(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 C. SKINNER Date 4/4/2003 Fee \$25.00
 Receipted by C. SKINNER Date 4/4/2003 Receipt No. 5025660
 Processed by _____ AJ Date _____ WR _____ Date _____

TitleFact, Inc.
163 Fourth Avenue North
P.O. Box 486
Twin Falls, Idaho 83303

Twin Falls County, Idaho
Recorded for:
CONRAD MATKIN
12:18pm Mar. 26, 2003
2003 - 007530
No. of Pages: 1 Fee: \$3.00
ROBERT S. FORT
Ex-Officio Recorder
Deputy: CN

**** SPACE ABOVE FOR RECORDER ****

PERSONAL REPRESENTATIVE'S DEED

FOR VALUE RECEIVED **THE ESTATES OF LAVAR MATKIN and WALENE P. MATKIN, deceased**, hereinafter called the grantor, by and through **CONRAD P. MATKIN, Personal Representative**, hereby grants, bargains, sells and conveys unto **KURLAND P. MATKIN, an unmarried man**, hereinafter called grantee, whose address

is: _____, the following described premises, in **Twin Falls County, Idaho**, to-wit:

The S½ of Lot 5, Block 6, **McCOLLUM ADDITION TO BUHL**, Twin Falls County, Idaho, according to the official plat thereof recorded in Book 2 of Plats, page 21, records of Twin Falls County, Idaho.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee and the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that are free from all encumbrances except as described above and that Grantor will warrant and defend the same from all lawful claims whatsoever.

*Per Jackie at Twin Falls county Assessor's office:
105 14E 2 SENE
12.10.04*

Dated: March 25, 2003

THE ESTATES OF LAVAR MATKIN and WALENE P. MATKIN, deceased

BY: Conrad P. Matkin
Conrad P. Matkin, Personal Representative

* * * * *

STATE OF IDAHO
County of Twin Falls

On this 25th day of March, 2003, before me, a Notary Public in and for said State, personally appeared **CONRAD P. MATKIN**, known or identified to me to be the Personal Representative of the Estates of Lavar Matkin and Walene P. Matkin, husband and wife, deceased, and whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same as said Personal Representative.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year first above written.

Kathleen Mitchell
Notary Public for Idaho
Residing at Twin Falls
Commission expires: 1-12-03

KATHLEEN MITCHELL
NOTARY PUBLIC
STATE OF IDAHO

1 PAUL T. SMITH
Attorney at Law
2 163 Second Avenue West
P.O. Box 1941
3 Twin Falls, Idaho 83303-1941
(208) 734-2510
4 Idaho State Bar No. 1405
5 Attorney for Estate

Twin Falls County, Idaho
Recorded for:
MATKIN, CONRAD
12:52pm Mar. 25, 2003
2003-007435
No. of Pages: 1 Fee: \$3.00
ROBERT S. FORT
Ex-Officio Recorder
Deputy: CD

7 IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
8 STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS
MAGISTRATE DIVISION

9
10 In the Matter of the Estate of)
11)
12 LAVAR MATKIN and)
WALENE P. MATKIN,)
13)
Decedents.)

Case No. 2003- 864
LETTERS TESTAMENTARY

14 1. CONRAD P. MATKIN was duly appointed and qualified as general Personal
15 Representative of the estate of the above-named Decedent on the 27 day of Feb
16 2003, by the Court, with all authority pertaining thereto.

17 2. Administration of the estate is unsupervised.

18 3. Decedent, LAVAR MATKIN, died on January 28, 2003; Decedent, WALENE P.
19 WATKIN, died on December 16, 2002.

20 4. These letters are issued to evidence the appointment, qualification and authority of said
21 Personal Representative.

22 WITNESS my signature and the seal of this Court this 27 day of February,
23 2003.

24
25 5
MAGISTRATE



CERTIFICATE OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed DECEMBER 26, 2002

State File No. 2002-09195

DECEDENT - NAME WALENE MATKIN				AGE 74 YEARS	
DATE OF DEATH DEC. 16, 2002		SEX FEMALE	SOCIAL SECURITY NUMBER 518-30-6438	DATE OF BIRTH AUG. 02, 1928	
BIRTHPLACE IDAHO		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED	
SURVIVING SPOUSE (If wife, maiden name) LAVAR MATKIN		CITY, TOWN OR LOCATION OF DEATH TWIN FALLS, IDAHO			
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION BUHL			
FATHER - NAME LEROY MENDENHALL PERKINS					BIRTHPLACE IDAHO
MOTHER - FULL MAIDEN NAME PEARL LILLIAN VIEHWEG					BIRTHPLACE IDAHO
NAME AND ADDRESS OF MORTUARY WHITE MORTUARY, INC., TWIN FALLS, IDAHO					
FUNERAL SERVICE LICENSEE LEWIS A. LENKER					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 2:55 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. MESENTERIC ISCHEMIA WITH NECROSIS					Approximate Interval Between Onset and Death 12 HOURS
b. HYPERCOAGULABLE STATE					
c. MULTIPLE MYELOMA					
d.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above LEUKOPENIA, THROMBOCYTOPENIA					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER JOHN LOGAN SHUSS, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION			NAME		
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

Twin Falls County, Idaho

Recorded for:
MATKIN, CONRAD

12:54pm Mar. 25, 2003
2003-007437

No. of Pages: 1 Fee: \$3.00
ROBERT S. FORT
Ex-Officio Recorder
Deputy: CD

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: DECEMBER 27, 2002

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



CERTIFICATE OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed FEBRUARY 10, 2003

State File No. 2003-00851

DECEDENT - LEGAL NAME LAVAR MATKIN			
SEX MALE	SOCIAL SECURITY NUMBER 518-34-7831	AGE 75 YEARS	DATE OF BIRTH MAY 06, 1927
BIRTHPLACE SWAN LAKE, IDAHO		PLACE OF RESIDENCE BUHL, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	
FATHER - NAME GEORGE QUAYLE MATKIN			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME JULIA CONSTANCE ALLEN			BIRTHPLACE WYOMING
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE LEWIS A. LENKER		
NAME AND ADDRESS OF FUNERAL FACILITY WHITE MORTUARY, INC., TWIN FALLS, IDAHO			
DATE OF DEATH JAN. 28, 2003	TIME OF DEATH 9:45 A.M.	CITY, TOWN OR LOCATION OF DEATH BUHL, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. GI BLEED			Approximate Interval Between Onset and Death 10 DAYS
DUE TO (or as a consequence of): b. ESOPHAGEAL ULCER			18 MONTHS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above AODM			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER DAVID M. SPRITZER, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

Twin Falls County, Idaho

Recorded for
MATKIN, CONRAD

12:54pm Mar. 25, 2003
2003-007436

No. of Pages: 1 Fee: \$3.00
ROBERT S. FORT
Ex-Officio Recorder
Deputy: CD

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: FEBRUARY 11, 2003

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

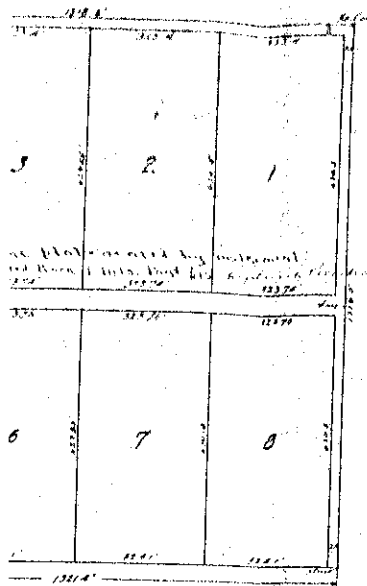
Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



INS SUBDIVISION

703 R.H.E.B.M.

SCALE 1"=100'



By that I am the surveyor who made the plat and I am a duly licensed surveyor and I certify that the accompanying plat is a true and correct representation of the land upon the ground.

Witness my hand and seal this 1st day of July, 1910.

J. C. Grooms
Surveyor

My commission expires April 16, 1911.

Witness my hand and seal this 1st day of July, 1910.

I, J. C. Grooms, do hereby certify that this instrument was filed for record in the office of the County Clerk of Blaine County, Idaho, on the 1st day of July, 1910, and that the same is a true and correct copy of the original as filed in my office.

Witness my hand and seal this 1st day of July, 1910.

J. C. Grooms
County Clerk

My commission expires April 16, 1911.

By that I am the surveyor who made the plat and I am a duly licensed surveyor and I certify that the accompanying plat is a true and correct representation of the land upon the ground.

McCOLLUM ADDITION BUHL, IDAHO LOT 18 SEINE SECTION 1 703 R.H.E.B.M.

STATE OF IDAHO
County of Blaine

I, J. C. Grooms, do hereby certify that this instrument was filed for record in the office of the County Clerk of Blaine County, Idaho, on the 1st day of July, 1910, and that the same is a true and correct copy of the original as filed in my office.

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County of Blaine

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County of Blaine

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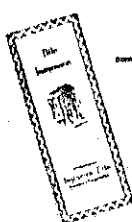
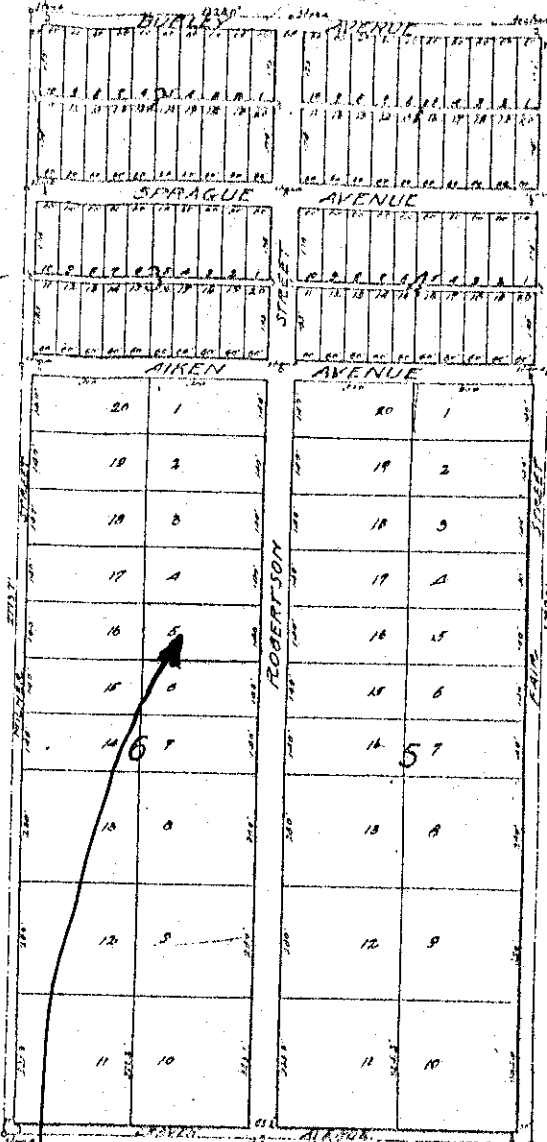
STATE OF IDAHO
County of Blaine

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J. C. Grooms
Surveyor

My commission expires April 16, 1911.



TITLE FACT, INC.

A LAND TITLE COMPANY

Phone 733-3821

123 Fourth Avenue North

P. O. Box 400

Twin Falls, Idaho 83401

POD & POW