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SEP 25 2001

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

OCT 11 2001

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

WATER RESOURCES
WESTERN REGIONPlease 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
~~SEE ATTACHED LIST~~					

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

- A. The appropriate **FILING FEE**. See instructions for fee amounts. N/A
- 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):
DEATH NOTICE OR SIMILAR DOCUMENT
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) GWINN OR LENA RICE
BOX 131 HILL CITY ID 83337
4. New Owner/Claimant(s) LENA RICE
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
PO BOX 131
 New Mailing Address
 City, State and ZIP Code HILL CITY ID 83337
 New Telephone Number (208) 764-2593 LONG DIST
5. Date you acquired the property #25 (DECEASED HUSBAND GWINN RICE)

For # 37-7026: C074580
 7/21/2004

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)

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 _____
Received by _____	Date _____	Receipt No. _____
Processed by _____ AJ	Date _____	WR _____ Date _____

OWEN H. ORNDORFF
ORNDORFF LAW OFFICES
1087 W. River Street, Ste. 230
Boise, Idaho 83702
Telephone: (208) 343-8880
Facsimile: (208) 345-0314

Attorneys for Petitioner

COPY
NO. _____
A.M. _____

JAN 09 2001

J. DAVID NAVARRO, Clerk
By ALAN N. STEWART
DEPUTY

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA.

IN THE MATTER OF THE ESTATE OF:)

GWINN RICE,)

Deceased.)

Case No. SP IE 0000641M

LETTERS TESTAMENTARY

The Will of GWINN RICE, having been admitted to informal probate and LENA N. RICE is hereby appointed Personal Representative of the estate herein.

WITNESS: _____, Magistrate of the District Court,
County of Ada, State of Idaho, with the seal of the Court affixed the 8 day of Jan,
2001.

JOHN DUTCHER

Magistrate

STATE OF IDAHO }
COUNTY OF ADA } SS.

I, J. David Navarro, Clerk of the District Court of the Fourth
Judicial District of the State of Idaho, in and for the County
of Ada, do hereby certify that the foregoing is a true and
correct copy of the original on file in this office. In witness
whereof, I have hereunto set my hand and affixed by offi-
cial seal this _____ day
of _____
J. DAVID NAVARRO, Clerk
By _____ Deputy

BASIN	Sequence Number	Basis	Status	Source List	Water Use List	Owner List	Version Number	Source Table
✓ 63	Decreed 19269	Decreed	Active	GROUND WATER	DOMESTIC	RICE, GW/INN F (Current); RICE, LENA (Current)		wrWaterRight
✓ 63	Decreed 19270	Decreed	Active	GROUND WATER	DOMESTIC	RICE, GW/INN F (Current); RICE, LENA (Current)		wrWaterRight

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DEC 12 2000

State of Idaho CERTIFICATE OF DEATH

State File No. **8561**
Local Reg. No.

DECEDENT	DECEDENT - NAME Gwinn Francis Rice		SEX Male	DATE OF DEATH (Month, Day, Year) December 7, 2000
	SOCIAL SECURITY NUMBER 519-10-0634	AGE - Last Birthday (Yrs.) 83	DATE OF BIRTH (Month, Day, Year) May 17, 1917	BIRTHPLACE (City and State or Foreign Country) Hill City, ID
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		PLACE OF DEATH (Check only one) (1) ☐ Inpatient (2) ☐ Outpatient (3) ☐ DCA (4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)	
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 1711 Woodbridge Lane		CITY, TOWN OR LOCATION OF DEATH Boise	
NAME OF DECEDENT For use by physicians or investigators	MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If with, give maiden name) Lena Nash	
	RESIDENCE STATE Idaho		CITY, TOWN OR LOCATION Boise	
INFORMANT	INFORMANT'S NAME (Type/Print) Lena Rice		MAILING ADDRESS (Street and Number or Rural Route Number, City or State, Zip Code) 1711 Woodbridge Lane Boise, ID 83706	
	METHODOF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Terrace Lawn Memorial Gardens	
DISPOSITION	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Danella Linton</i>		LICENSE NUMBER (of Licensee) M-810	
	TIME OF DEATH 2:15 AM		DATE OF DEATH December 7, 2000	
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death) nephrotic syndrome		MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
	27. PART I. 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. a. nephrotic syndrome b. c. d. 27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
CERTIFIER	CERTIFIER (Check only one) ☒ 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. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	SIGNATURE AND TITLE OF CERTIFIER <i>Kathleen Romito</i>		DATE SIGNED (Month, Day, Year) 12/11/00	
TO BE USED FOR EXTERNAL CAUSES ONLY	NAME AND ADDRESS OF CERTIFIER (Type/Print) Kathleen Romito, M.D. 520 Eagle Meridian, ID 83642		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No	
	DATE OF INJURY (Mo., Day, Yr.) DEC 12 2000		HOUR OF INJURY 12:00	
CORONER'S REVIEW AREA	INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	
	CORONER'S ACTION I have reviewed and/or amended, and certified.		CORONER'S SIGNATURE <i>Sue Clark, asst</i>	
REGISTRAR	REGISTRAR'S SIGNATURE <i>Sue Clark, asst</i>		DATE SIGNED (Month, Day, Year) DEC 12 2000	

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

DEC 12 2000

DATE ISSUED:

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE