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SEP 25 2001

WATER RESOURCES
WESTERN REGION

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.

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
HILL CITY ID 83337
 City, State and ZIP Code
 New Telephone Number (208) 764-2593 LONG DIST
5. Date you acquired the property (DECEASED HUSBAND GWINN RICE)

6.

If the change in ownership affects the entire water right, 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)

Lena H. Rice

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 _____

BASIN	Sequence Number	Basis	Status	Source List	Water Use List	Owner List	Version Number	Source Table
✓ 37	2694	License	Active	GROUND WATER	IRRIGATION, STOCKWATER	GWINN RICE RANCH INC (Current) <i>Cum Creek</i>		wrAdjudicationClaim
✓ 37	<i>Decreed</i> 7024	<i>Pond</i> License	Active	SPRINGS	<i>Stock</i> STOCKWATER	GWINN RICE RANCH INC (Current)		wrAdjudicationClaim
✓ 37	7025	License	Active	SPRINGS	STOCKWATER	GWINN RICE RANCH INC (Current)		wrAdjudicationClaim
63	4286	Statutory Claim	Active	BIRD CREEK	IRRIGATION	RICE, GWINN F (Current); RICE, LENA (Current)		wrAdjudicationClaim
✓ 63	<i>Decreed</i> 15180	Beneficial Use	Active	SPRING	DOMESTIC	RICE, GWINN F (Current); RICE, LENA (Current)		wrAdjudicationClaim
✓ 63	<i>Decreed</i> 19269	Beneficial Use	Active	GROUND WATER	DOMESTIC	RICE, GWINN F (Current); RICE, LENA (Current)		wrAdjudicationClaim
✓ 63	<i>Decreed</i> 19270	Beneficial Use	Active	GROUND WATER	DOMESTIC	RICE, GWINN F (Current); RICE, LENA (Current)		wrAdjudicationClaim
✓ 37	7024	License	Active	SPRINGS	STOCKWATER	GWINN RICE RANCH INC (Current) <i>Cum Creek</i>	1	wrAdjudicationRecommendation
✓ 37	7025	License	Active	SPRINGS	STOCKWATER	GWINN RICE RANCH INC (Current)	1	wrAdjudicationRecommendation
63	<i>Decreed</i> 15180	Beneficial Use	Active	SPRING	DOMESTIC	RICE, GWINN F (Current); RICE, LENA (Current) <i>7/11/2010 - 1/1/2011</i>	1	wrAdjudicationRecommendation
✓ 37	2694	License	Active	GROUND WATER	IRRIGATION, STOCKWATER	RICE, GWINN F (Current)		wrWaterRight
✓ 37	7024	License	Active	SPRINGS	STOCKWATER	RICE, GWINN F (Current)		wrWaterRight
✓ 37	7025	License	Active	SPRINGS	STOCKWATER	RICE, GWINN F (Current)		wrWaterRight
✓ 37	7026	License	Active	SPRINGS	STOCKWATER	RICE, GWINN F (Current)		wrWaterRight
✓ 63	4286	Statutory Claim	Active	BIRD CREEK	AESTHETIC, IRRIGATION	RICE, GWINN F (Current); RICE, LENA (Current)		wrWaterRight
✓ 63	<i>No A5</i> <i>CLM RWD</i> 5176	Statutory Claim	Active	SPRING	DOMESTIC	BUCHANAN, DIANE (Current); ~~RICE, GWINN F (Current)~~		wrWaterRight
✓ 63	<i>No A4</i> <i>CLM RWD</i> 5317	Statutory Claim	Active	BIRD CREEK	IRRIGATION	BUCHANAN, DIANE (Current); ~~RICE, GWINN F (Current)~~		wrWaterRight

NOTE:

REPLACE
HIS NAME - GWINN F
with LENA RICE
Leave Buchanan on.

BASIN	Sequence Number	Basin	Status	Source List	Water Use	Owner List	Version Number	Source Table
✓ 63	Decreed 19269	Decreed	Active	GROUND WATER	DOMESTIC	RICE, GWINN F (Current); RICE, LENA (Current)		wrWaterRight
✓ 63	Decreed 19270	Decreed	Active	GROUND WATER	DOMESTIC	RICE, GWINN 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	AGE - Last Birthday	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)		
	519-10-0634	83			May 17, 1917	Hill City, ID		
	WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		OTHER			
	☐ Yes ☒ No		(1) ☐ Inpatient (2) ☐ Outpatient (3) ☐ DCA		(4) ☐ Long-term Care Facility (5) ☐ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)			
PARENTS	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)				CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
	1711 Woodbridge Lane				Boise		Ada	
	MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If with, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Be not more detailed.)		KIND OF BUSINESS / INDUSTRY	
	-Married		Lena Nash		-Owner/Operator		-Agriculture	
INFORMANT	RESIDENCE STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER	ZIP CODE		
	Idaho		Ada	Boise	1711 Woodbridge Lane	83706		
	INSIDE CITY LIMITS?		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE - American Indian, Black, Japanese, White, etc. (Specify)		18. DECEDENT'S EDUCATION (Specify only highest grade completed)	
	☒ Yes ☐ No		☐ Yes ☒ No		White		Elementary/Secondary (0-12) 12 College (1-4 or 5+) 3	
DISPOSITION	FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE	
	Dale E. Rice		Missouri		Jessie Francis		Nebraska	
	INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Post Office Box, City or Town, State, Zip Code)					
	Lena Rice		1711 Woodbridge Lane Boise, ID 83706					
CAUSE OF DEATH	METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematorium, or other facility)		LOCATION - City or Town, State			
	☒ Burial ☐ Cremation ☐ Removal from Idaho		Terrace Lawn Memorial Gardens		Boise, Idaho			
	☐ Donation ☐ Other (Specify)							
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (If Licensed)		NAME AND ADDRESS OF FACILITY			
TO BE USED FOR EXTERNAL CAUSES ONLY	TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)	
	2:15 AM December 7, 2000				☒ Yes ☐ No		☐ 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.		IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (or as a consequence of)		Approximate Interval Between Onset and Death	
	nephrotic syndrome						6 mos.	
CORONER'S REVIEW AREA	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
			☐ Yes ☒ No		☐ Yes ☐ No			
	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.							
REGISTRAR	SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)			
	Kathleen Romito, M.D. 520 Eagle Meridian, ID 83642		M 7149		12/11/00			
	DATE OF INQUIRY (MO, DAY, YR)		HOUR OF INQUIRY		DESCRIBE HOW INQUIRY OCCURRED			
CORONER'S REVIEW AREA	INQUIRY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INQUIRY - At home, farm, street, factory, office, building, etc. (Specify)		LOCATION (Street or House Number, City/Town, or County and State)	
	☐ Yes ☐ No		☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other					
	CORONER'S ACTION		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)			
	I have reviewed and/or amended, and certified.							
REGISTRAR	REGISTRAR'S SIGNATURE		DATE OF REGISTRATION					
	Sue Clark, ass't		DEC 12 2000					

This is a true and correct reproduction of the document which is 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 in accordance with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY

JAMES SMITH
CHIEF REGISTRAR

