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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

SEP 19 2001

SEP 17 2001

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Department of Water Resources

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 (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
57-10152					

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) Milton J Jones Boise, Idaho
300 So Straughan #704 83712
4. New Owner/Claimant(s) Mildred M Jones
Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
1713 Annette
New Mailing Address 2227 S. Stephen
City, State and ZIP Code Boise, Idaho 83705
New Telephone Number (same) (208) 344-6096 343-3267
5. Date you acquired the property inherited upon death of Milton J Jones
5/8/98 as surviving spouse

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) Mildred Jones
(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 <u>PS</u>	Date <u>9-17-01</u>	Fee <u>\$25-</u>
Received by <u>PS</u>	Date <u>9-17-01</u>	Receipt No. <u>40028294</u>
Processed by _____	AJ Date _____	WR _____ Date _____

STATE OF IDAHO } ss
County of Owyhee }

I hereby certify that the foregoing
instrument is a true and correct copy of the
original as it appears.

NO.

COPY

FILED
P.M.

SEP 15 1998

BRIAN R. SALTUS

Attorney at Law

4477 Emerald Street, Suite C-150

Boise, ID 83706

Telephone: (208) 343-3339

Fax: (208) 343-3350

Record of Owyhee County

Dated 9-5-2001

Title Deputy Clerk

J. DAVID NAVARRO, Clerk
By HAILEY R. MILLER
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:

MILTON J. JONES

Deceased.

Case No.

DECREE VESTING ESTATE
IN SURVIVING SPOUSE

Upon consideration of the Petition for Summary Administration of Estate in Which
Surviving Spouse is Sole Beneficiary filed by Mildred M. Jones on July 16,

1998, the Court finds that:

1. The facts set forth in the petition are true.
2. The required notice has been given or waived.
3. The decedent, Milton J. Jones, died on May 8, 1998, domiciled in Boise, Ada County, State of Idaho.
4. Venue is proper.
5. The decedent and Mildred M. Jones were duly married at Boise, Idaho on May 31, 1943, and remained married until the date of decedent's death.
6. The surviving spouse, Mildred M. Jones, is the sole heir or devisee of the decedent.
7. The decedent died testate, leaving a will dated March 16, 1981. The will was validly executed and is the last will of the decedent.

8. The schedule of property attached to this Decree is a full and complete inventory of the property owned by the decedent and properly characterizes the property as community or separate property.

THEREFORE, it is ordered, adjudged and decreed as follows:

1. Mildred M. Jones is the surviving spouse of the decedent and is the sole heir or devisee of the decedent.
2. The property of the decedent described on the schedule attached to this Decree is hereby vested in and distributed to Mildred M. Jones free and clear of all right, title, claim or demand of any person or persons claiming or attempting to claim under the estate of the decedent as heir, devisee, or otherwise, except as a proper creditor.
3. The surviving spouse shall assume and be liable for any and all indebtedness that might be a claim against the estate of the decedent.
4. There shall be no administration of the estate of the decedent.

Dated this 15 day of Sept, 1998.

PATRICIA A. FLANAGAN
PATRICIA FLANAGAN
Magistrate Judge

FILED - RECORDED

98 SEP 16 PM 2:09

JIM HUNTLEY JR.
OWYHEE COUNTY RECORDER
BY [Signature]
DEPUTY

226063

REQUEST OF
[Signature]
FILE

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 MY OFFICIAL SEAL THIS 15 DAY OF Sept, 1998.

J. DAVID NAVARRO, CLERK

BY [Signature] DEPUTY

ESTATE OF MILTON J. JONES
SUMMARY ADMINISTRATION
SCHEDULE OF PROPERTY
VALUES: AS OF DATE OF DEATH: 05/08/98

1.	Real estate	\$160,000.00
	Eighty (80) acres of farm land located in Owyhee County, Idaho, more particularly described as: SW¼ of the SW¼ of Section 36, Township 4S, Range 2E, B.M., Owyhee County, Idaho	
2.	American Express mutual funds	1,200.00
3.	U.S. Bank checking account	2,000.00
4.	Nations Bank (San Antonio, Texas) checking account	3,300.00
5.	1994 Saturn automobile	6,000.00
6.	Personal effects, furniture, fixtures, jewelry, appliances and the like, all of nominal value	<u>3,000.00</u>

TOTAL ASSETS: \$175,500.00

Note: All assets were acquired by the decedent and his spouse during the course of their marriage or were transmuted and, therefore, are community property.

CERTIFICATION OF VITAL RECORD

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

MAY 14 1998

State of Idaho CERTIFICATE OF DEATH

State File No. **3201**

Local Reg. No. _____

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 38-24101 & 38-2421.

DECEDENT	DECEDENT - NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)		
	MILTON		JUNIOR		JONES		Male	May 8, 1998		
	SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (City and State or Foreign Country)			
	519-05-5642		77			Feb. 12, 1921	Boise, Idaho			
PARENTS	FATHER - NAME		BIRTHPLACE		MOTHER - FULL MAIDEN NAME		BIRTHPLACE			
	Harry M. Jones		Iowa		Lottie Gardner		Missouri			
	INFORMANT		Mildred Jones		MAILING ADDRESS (Street and Number or Route Number, City or Town, State, Zip Code)		300 S. Straughn, Boise, Idaho 83712			
	METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State					
DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from Idaho		Morris Hill Cemetery		Boise, Idaho					
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY					
	[Signature]		M-669		Summers Funeral Homes, Boise					
	1743		May 8, 1998		1205 W. Bannock St., Boise, ID 83702					
CAUSE OF DEATH	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		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Ventricular fibrillation		10					
	b. Left ventricular failure		c. Aortic aneurysm rupture		8 & 8					
	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?					
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.					
	SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)					
	[Signature]		M-6502		5/11/98					
	NAME AND ADDRESS OF CERTIFIER (Type/Print)		ANDREW FORBES, MD 333 N. 1st., Boise, ID 83702 (208) 345-6545							
TO BE USED FOR EXTERNAL CAUSES ONLY	DATE OF INJURY (Mo, Day, Yr)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
	INJURY AT WORK?		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town or County, and State)			
	[Yes] [No]		[] Driver [] Passenger [] Pedestrian [] Other							
	CORONER'S REVIEW AREA		CORONER'S ACTION (Check One)		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)			
REGISTRAR	REGISTRAR'S SIGNATURE		[Signature]		DATE FILED (Month, Day, Year)		MAY 14 1998			

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.

DATE ISSUED: MAY 14 1998

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

JANE S. SMITH
STATE REGISTRAR