

RECEIVED

JUN 30 2004

RECEIVED

JUN 25 2004

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Department of Water Resources
Southern Region

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 (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
-----------------------	------------------------------	-------	-----------------------	------------------------------	-------

80 SHARES TWI-FALLS CANAL CO.
USE OF WATER IN UN-NAMED DRAIN - SEE ATTACHED
PERMIT NO. 47-7129

GROUNDWATER FOR DOMESTIC & STOCK USE.

47-13447

SEE ATTACHED

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)

FRANK AND/OR VIRGINIA DOLANA
3823 N 1100 E, Buhl, ID 83316

4. New Owner/Claimant(s)

GARY H. DOLANA REVOCABLE TRUST

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

5791 W 11350 N

City, State and ZIP Code

HIGHLAND, UT, 84003

New Telephone Number

(801) 756-1557

5. Date you acquired the property

24 Nov 1992

NOTE - COMMUNICATION CAN ALSO BE MADE BY

GARY DOLANA
3823 N 1100 E
Buhl, ID 83316

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	<u>C. Nahr</u>	Date	<u>6/25/04</u>
Received by	<u>M</u>	Date	<u>7-15-04</u>
Processed by	<u>CB</u>	AJ	Date <u>6/29/04</u>
Fee	<u>\$25.00</u>	Receipt No.	<u>C074525</u>
WR	_____	Date	_____

RECEIVED

JUN 25 2004

Department of Water Resources
Southern Region

GIFT DEED

KNOW ALL MEN BY THESE PRESENTS,

That FRANK DOLANA and VIRGINIA DOLANA, husband and wife, hereby give, convey, release, remise and forever quit claim all their right title and interest unto the GARY H. DOLANA REVOCABLE TRUST, in the following described property:

E½ SE¼, Section 17, Township 10, Range 14 East of the Boise Meridian, County of Twin Falls, State of Idaho

together with 80 shares of stock in the Twin Falls Canal Company and all water rights as evidenced by Idaho Department of Water Resources Permit No. A47-07129, and together with all improvements and appurtenances.

Reserving unto Frank Dolana and Virginia Dolana a life estate in the above-described property for so long as their natural lives.

IN WITNESS WHEREOF, I have set my hand hereto this 24 day of November, 1992.

TWIN FALLS COUNTY, IDAHO
RECORDED FOR: Dolana

1992 NOV 30 P 3:10

ROBERT S. FORT
EX-OFFICIO RECORDER

FEE: 3.00 DEPUTY: S.L.

STATE OF IDAHO

County of Twin Falls

) ss.

On this 24 day of November, 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared FRANK DOLANA and VIRGINIA DOLANA, husband and wife, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first above written.

NOTARY PUBLIC

Residing at:

My Commission Expires: 4-26-94

CERTIFICATION OF VITAL RECORD

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

RECEIVED

JUN 25 2004

Department of Water Resources
Southern Region

CERTIFICATE OF DEATH

DATE FILED: NOVEMBER 12, 1999

STATE FILE NUMBER: 99-07745

DECEDENT: FRANK FRED DOLANA

DATE OF DEATH: NOV. 03, 1999
TIME OF DEATH: 1:45 A.M.

PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: APR. 12, 1910

PLACE OF BIRTH: IDAHO

AGE: 89 YEARS

SEX: MALE

VETERAN? NO

MARITAL STATUS: MARRIED

SPOUSE (MAIDEN): VIRGINIA HARWARD

SOCIAL SECURITY NUMBER: 518-42-5478 RESIDENCE: BUHL, IDAHO

FATHER: FRANK DOLANA

FATHERS BIRTHPLACE: CZECHOSLOVAKIA

MOTHER (MAIDEN): BESSIE LUNASEK

MOTHERS BIRTHPLACE: CZECHOSLOVAKIA

MORTUARY: FARMER FUNERAL CHAPEL

MORTICIAN: DALE A. TURNER

BUHL, IDAHO

DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: MATTHEW JOLLEY, M.D.

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIAC ARRHYTHMIA

1 WEEK

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

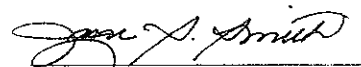
NONE LISTED

MANNER OF DEATH: NATURAL

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: NOVEMBER 17, 1999

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



JANE S. SMITH
STATE REGISTRAR



STATE OF UTAH — DEPARTMENT OF HEALTH

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

18-4947

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT FIRST MIDDLE LAST Virginia Harward DOLANA			2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) November 15, 2000	3b. TIME OF DEATH (24 hr. clock) 1835
	4. DATE OF BIRTH (Mo., Day, Yr.) August 31, 1908		5. AGE - Last Birthday 92	6. BIRTHPLACE (City & State or Foreign Country) Springville, Utah	7. SOCIAL SECURITY NUMBER 519-44-9795	
	8a. PLACE OF DEATH (check only one) ☒ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. DCA ☐ 4. Other (specify)			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) St. Mark's Hospital		
	8c. CITY, TOWN, OR LOCATION OF DEATH Salt Lake City			8d. COUNTY OF DEATH Salt Lake		
DISPOSITION	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 enter retired) School Teacher	
	12b. KIND OF BUSINESS OR INDUSTRY Public School		13a. RESIDENCE - STREET AND NUMBER 3823 North 1100 East		13b. CITY, TOWN OR COMMUNITY Buhl	
	13c. COUNTY Twin Falls		13d. STATE Idaho		14. WAS DECEDENT OF HISPANIC ORIGIN? ☐ 1. Yes ☒ 2. No 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 (9-12) College (13-16 or 17+) 16		17. FATHER'S NAME (First, Middle, Last) Lenard Julian Harward	
CERTIFIER	18. MAIDEN NAME OF MOTHER (First, Middle, Last) Eliza Cutler Royance			19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT SON: Gary Dolana / 5791 West 11350 North / Highland, Utah 84403		
	20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removal			21a. DATE OF DISPOSITION Nov. 18, 2000		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) West End Cemetery
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE Gary Bonar		23. LICENSEE NUMBER M 701		24. FUNERAL HOME (Name and address) Farmer Funeral Chapel	
	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 11/15/2000		26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No If yes, enter the date and hour reported. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____		27. DATE SIGNED (Month, Day, Year) 11/17/00	
CAUSE OF DEATH	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 Daniel V. Hersh, MD		
	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type/Print) DANIEL V. HERSH, MD 1160 East 3900 South #1000 / Salt Lake City, Utah 84106			29. REGISTRAR'S SIGNATURE Barry E. Nangle		
	30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) November 21, 2000			30b. DATE FILED (Mo., Day, Yr.)		
	31. 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) a. Pneumonia DUE TO (OR AS A CONSEQUENCE OF): b. Urosepsis DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Congestive Heart Failure			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: ☐ 1. Probably contributed to the cause of death. ☒ 5. NON USER ☐ 2. Was the underlying cause of death. ☐ 3. Did not contribute to the cause of death. ☐ 6. UNKNOWN IF USER ☐ 4. Is unknown in relation to the cause of death.		
UDH-BVR Form 12, Rev. 12/98	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 ☐ 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. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.						
35g. 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: **DEC 29 2000**

County - Salt Lake

Registrar

Barry E. Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By

Ellen Freeman



RECEIVED
JUL 25 2004
Office of Water Resources

L044680