

RECEIVED

JUL 23 2004

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

WATER RESOURCES
WESTERN 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
65-7204					

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) LESTER C. & LELIA I. HILL
310 S. DE CLARK EMMETT, ID 83617
4. New Owner/Claimant(s) MARION L. HENDERSON
 Name Connector (Check one): ☐ and, ☐ or, ☐ and/or
- New Mailing Address 612 S. DE CLARK
- City, State and ZIP Code EMMETT ID 83617
- New Telephone Number (208) 365-2190
5. Date you acquired the property 12-12-96

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)

Marion Henderson

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>DB</u>	Date <u>7-23-04</u>	Fee <u>\$25-</u>
Received by <u>DB</u>	Date <u>7-23-04</u>	Receipt No. <u>W032036</u>
Processed by _____ AJ	Date _____	WR _____ Date _____

VALLEY COUNTY ASSESSOR
P.O. BOX 1350 208-382-7126
CASCADE, IDAHO 83611

2004

ASSESSMENT NOTICE

& ESTIMATE OF TAX

THIS IS NOT A BILL
DO NOT PAY

PARCEL DESCRIPTION:

AMENDED OF AMENDED
HASBROUCK SUBDIVISION
LOT 9

For any questions, please notify the Assessor's Office immediately.

Assessor's Telephone Number: (208) 382-7126

PARCEL ADDRESS:

1078

CABARTON

RD

HENDERSON MARION

612 S. DE CLARK
EMMETT ID 83617

Appeals of your property value must be filed in
writing, on a form provided by the County, by:

JUNE 28, 2004

Tax Code Area: 20-0000

Parcel Number: RP 001150000090 A

ASSESSED VALUE OF YOUR PROPERTY

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
15 RURAL SUBD LAND/RES. 37 BLDG. ON CATEG. 15	1.325 AC	16,180 12,170	16,180 9,840
SUBTOTAL: LESS HOMEOWNERS EXEMPTION: NET TAXABLE PROPERTY VALUE:	1.325	28,350 28,350	26,020 26,020

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

ESTIMATED PROPERTY TAXES

TAXING DISTRICTS	LAST YEAR'S TAXES	CURRENT YEAR'S ESTIMATED TAXES	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY SCHOOL #422 CASC. RURL FIRE CASCADE MED CTR			208-382-7100 208-382-4227 208-382-3200 208-382-4242	09/07/2004 06/16/2004 08/12/2004 08/18/2004
SUBTOTAL: FEES: TOTAL PROPERTY TAXES & FEES:				

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details.

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 11, 2004**

State File No. **2004-00864**

DECEDENT - LEGAL NAME LELIA IRENE HILL			
SEX FEMALE	SOCIAL SECURITY NUMBER 519-36-1133	AGE 89 YEARS	DATE OF BIRTH MARCH 13, 1914
BIRTHPLACE SUMNER, NEBRASKA		PLACE OF RESIDENCE EMMETT, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO	
FATHER - NAME STRAUD WATSON			BIRTHPLACE INDIANA
MOTHER - MAIDEN NAME MINNIE LADWIG			BIRTHPLACE NEBRASKA
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE JOHN L. BUCK	
NAME AND ADDRESS OF FUNERAL FACILITY POTTER FUNERAL CHAPEL, EMMETT, IDAHO			
DATE OF DEATH FEB. 05, 2004	TIME OF DEATH 4:10 P.M.	CITY/TOWN OR LOCATION OF DEATH EMMETT, IDAHO	COUNTY OF DEATH GEM
CAUSE OF DEATH (underlying cause, first) a. ASPIRATION PNEUMONITIS			Approximate Interval Between Onset and Death 6 HOURS
b. ACUTE BRAIN STROKE			
c.			
d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER EDDIE D. RODRIGUEZ-LOPEZ, 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			

Instrument # 234820

EMMETT, GEM, IDAHO

2004-02-24 12:29:00 No. of Pages: 1

Recorded for: MARION HENDERSON

SUSAN K. HOWARD

Fee: 3.00

Ex-Officio Recorder Deputy

Index to: CERTIFICATE OF DEATH

Judy Evans

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.

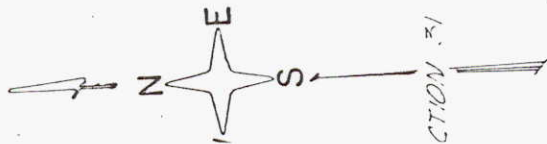
DATE ISSUED: FEBRUARY 23, 2004

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**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



The map is a part of the plat of

KLASBROUCK SUEDEVISION

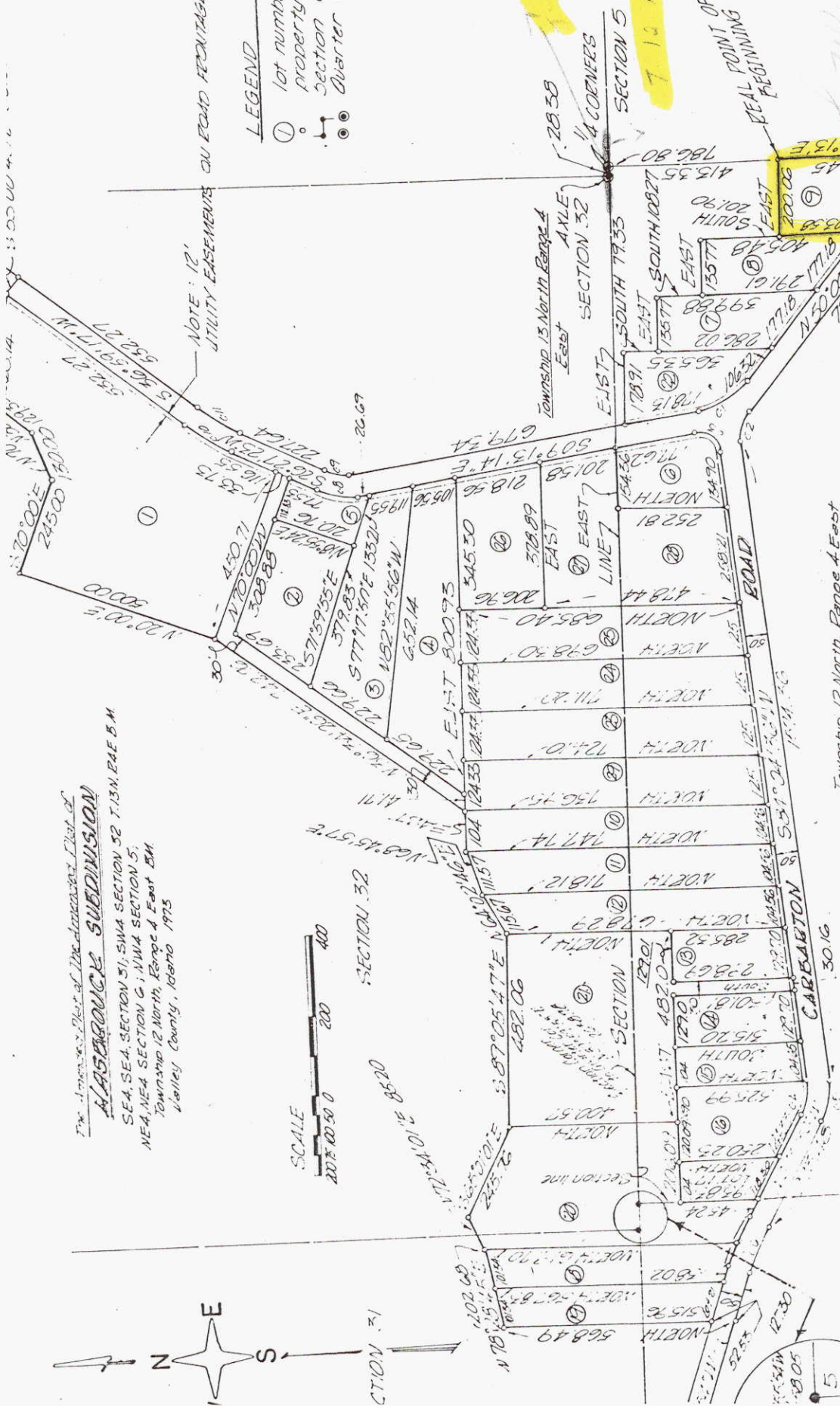
SEA, SEA SECTION 51; SWA SECTION 32 T.13N. R.4E S.4M
NEA, NEA SECTION 51; SWA SECTION 32
Township 12 North, Range 4 East BM
Valley County, Idaho 1915

SCALE
0 200 400
200' 100' 50' 0'

LEGEND

- ① lot numbers
- property pins
- section corner
- quarter corner

NOTE: 12' UTILITY EASEMENTS ON ROAD FRONTAGE LOTS.



SECTION 5

TABLE OF CURVE DATA

C.	DELTA	EAR	TAN.	LENGTH	CHORD	C. BEG.
1	40° 44' 40"	200	74.37	142.40	151.41	N 29° 32' 01" W
2	45° 54' 30"	200	84.71	160.25	156.00	N 72° 58' 07" W
3	50° 30' 15"	55	50.30	83.56	73.79	N 57° 25' 41" E
4	54° 28' 48"	142.60	44.14	85.61	84.33	N 78° 43' 30" W
5	54° 28' 48"	142.60	44.14	85.61	84.33	N 78° 43' 30" W
6	10° 48' 15"	650	61.47	122.58	122.40	N 66° 55' 45" W
7	10° 48' 15"	700	66.20	132.01	131.31	N 66° 55' 45" W
8	35° 40' 37"	445.77	50	96.76	15.19	N 18° 37' 04" E
9	45° 40' 37"	445.77	50	96.76	64.56	N 18° 37' 04" E
10	10° 48' 15"	700	66.20	132.01	129.45	N 18° 37' 04" E
11	10° 48' 15"	655.25	60.57	120.44	120.46	N 18° 37' 04" E

FIELD'S SURVEYING
JAN 1917

Idaho Department of Water Resources Receipt

Receipt ID W032036

Payment Amount \$25.00 Date Received 7/23/2004 1:11:43 PM Region Western Status
Payment Type Check Check Number 217

Payer HENDERSON, MARION

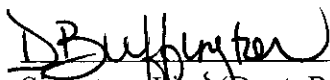
Comment CHANGE OF OWNERSHIP: 65-7204

Fee Detail

Amount Description

Fund FD PCA SO

\$25.00 OWNERSHIP CHANGES/SECURITY INTERESTS 0229 21 62140 1155



Signature Line (Dept. Representative)