

RECEIVED  
DEC 17 1999  
Department of Water Resources

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

Please print or type. Attach pages with additional information. Instructions are on the back of this page.  
Incomplete forms will be returned.

RECEIVED

1. Water Right Number(s) 47-12489 JAN 05 2000  
Adjudication Claim Number(s) \_\_\_\_\_ Department of Water Resources

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

A. A copy of the most recent DEED, TITLE POLICY, CONTRACT OF SALE, or other legal document indicating your ownership of the property and water rights or claims in question, WITH ATTACHED LEGAL DESCRIPTION.

AND

B. PLAT OF PROPERTY or SURVEY MAP for parcel of ten acres or less. (These are usually on file with the county.)

OR

C. For water rights or adjudication claims involving ten or more irrigated acres, a USDA Farm Service Agency (formerly ASCS) AERIAL PHOTO with irrigated acres outlined and point(s) of diversion clearly marked.

3. Name and Address of Former Owner/Claimant(s) Josephine Wavra  
1299 East 3500 North, Buhl, Idaho 83316

4. New Owner/Claimant(s) Kevin S. Koehn

Name connector (Check one): ☐ AND, ☐ OR, ☐ AND/OR  
New Mailing Address 1492 East 3800 North

City, State and ZIP Code Buhl, Idaho 83316

New Telephone Number (208) 543-8143

5. Date you acquired the property 12-17-99

6. If you have acquired only a portion of the former owner's property, IDWR may need to split the water right(s) or adjudication claim(s). If this applies, describe in detail your portion of each water right or adjudication claim in the spaces below. If necessary, attach additional pages.

Number of acres actually irrigated \_\_\_\_\_ Number and type of stock \_\_\_\_\_

Diversion rate in CFS \_\_\_\_\_ Number of homes \_\_\_\_\_ Other uses \_\_\_\_\_  
cubic feet per second

If a water right or adjudication claim is being split and you are not sure how to identify your portion of the original right or claim, please contact the nearest IDWR office for assistance.

7. Signature of New Owner/Claimant(s) Kevin S. Koehn Date 12-17-99  
KEVIN S. KOEHN MICROFILMED

Date NOV 20 2000

(Corporations or other organizations must submit a list of directors/officers demonstrating authority to sign form.)

8. For Snake River Basin Adjudication Claims: If you are represented by an attorney and you want IDWR to correspond directly with your attorney for all matters related to your claims, please attach a Notice of Appearance completed by your attorney.

## INSTRUCTIONS

This form has been prepared to assist new owners of property to comply with the requirements of Sections 42-248 and 42-1409(6), Idaho Code. Section 42-248 requires certain property holders to notify the Department of Water Resources (IDWR) of any change in mailing address or ownership of all or part of a water right record on file with IDWR. Section 42-1409(6) provides that new property owners must notify IDWR of any change in ownership of a water right during an adjudication of water rights, and, if a required claim for the water right has not been filed, to file the needed claim.

Separate brochures are available from IDWR describing the adjudication of water rights and the requirement to notify IDWR of changes in ownership. If you would like any of these brochures, or if you have questions about completing this form, please contact your nearest IDWR office or call 1-800-451-4129.

If you need additional space to describe or explain any of the items on the form, please attach additional sheets to the form as you may require.

1. If there are water rights associated with the property, the seller should be able to provide you with the water right or adjudication claim number(s). Please enter these number(s) at Item 1. If you or the seller believe there are water rights for the property but the numbers are unknown, you may wish to call IDWR or come into an office of IDWR for assistance in identifying the water rights for the property in question. If claims for the rights are required, and have not been filed, IDWR will so advise you.
2. The information described at Item 2 is required, since IDWR cannot process the requested change without documentation of ownership. The preferred types of documentation are shown; contact IDWR if you have difficulty obtaining this information. Do not obtain a new survey for purposes of this form before contacting IDWR.
3. Please provide the name and address of the former owner of the water right and/or adjudication claim at Item 3.
4. The name, mailing address, and telephone number of the new owner(s) is entered at Item 4. Please indicate the relationship between multiple owners by using the connector "and", "or" or "and/or". If an "and" is used, all parties must sign this form. If an "and/or" or "or" is used, all parties may sign, however only one of the named parties is required to sign.
5. At Item 5, please provide the date the property in question was acquired. This may be the date of "closing" in the case of a real estate transaction or the date of court order for other types of ownership changes.
6. If the property you have purchased is only a portion of the property owned by the former owner/seller, you may be purchasing only a portion of the total water right held by the seller. This means the water right held by the seller may be "split" to provide your share of the right in question. Be sure to include a description of the portion of the water right you have purchased at Item 6.

Please provide as much detail as possible concerning your water right: include the number of homes, irrigated acreage if more than 1/2 acre is irrigated, type and number of stock if your right is for stockwater, etc. In the absence of information to the contrary, IDWR will assume the intent is to split the rights *proportionately*.

7. The new owner(s) must sign the form in the space(s) provided at Item 7. Corporations and other organizations must submit a list of directors or officers demonstrating the authority of the director or officer to sign the form.
8. There is no filing fee. When complete, you should retain a copy and return the original of the form to the IDWR office nearest you:

IDWR Western Region, 2735 Airport Way, Boise, ID 83705-5082 (208) 334-2190

IDWR Southern Region, 222 Shoshone St. E., Twin Falls, ID 83301-6105 (208) 736-3033

IDWR Northern Region, 1910 Northwest Blvd., Suite 210, Coeur d'Alene, ID 83814-2615 (208) 769-1450

IDWR Eastern Region, 900 N Skyline Dr., Suite A, Idaho Falls, ID 83402-1718 (208) 525-7161

Order No. T991049

WARRANTY DEED

Twin Falls County, Idaho

Recorded for:  
TWIN FALLS TITLE

03:58pm Dec. 17, 1999

1999 - 022100

No. of Pages: 1 Fee: \$3.00  
ROBERT S. FORT  
Ex-Officio Recorder  
Deputy: CD

For Value Received

Josephine Wavra, an unmarried woman

the grantor(s), do(es) hereby grant, bargain, sell, and convey unto

Kevin S. Koehn, an unmarried man

the grantee(s), whose current address is 1492 East 3800 North, Buhl, Idaho 83316

~~1492 East 3800 North, Buhl, ID 83316~~

the following described premises, to-wit:

Township 11 South, Range 14 East of the Boise Meridian,  
Twin Falls County, Idaho

Section 3: Lot 1 and The Southeast Quarter of the  
Northeast Quarter.

TOGETHER WITH ALL WATER AND WATER SHARES, DITCHES AND DITCH RIGHTS USED  
THEREON OR APPURTENANT THERETO INCLUDING BUT NOT LIMITED TO 79.71 SHARES  
TWIN FALLS CANAL COMPANY.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s),  
his/her/their heirs and assigns forever. And the said Grantor(s) do(es) hereby covenant to and  
with the said Grantee(s), that he/she/they are the owner(s) in fee simple of said premises; that  
said premises are free from all encumbrances except current years taxes, levies, and assessments,  
and except U. S. Patent reservations, restrictions, easements of record, and easements visible  
upon the premises, and that he/she/they will warrant and defend the same from all claims whatsoever.

Dated: December 17, 1999

*Josephine Wavra*  
JOSEPHINE WAVRA

STATE OF IDAHO

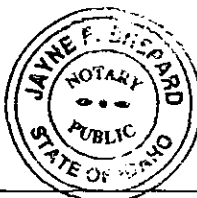
: ss

COUNTY OF TWIN FALLS

On This 17 day of DECEMBER, in the year 1999, before me, a Notary Public in and for said State,  
personally appeared **Josephine Wavra**,  
known or identified to me to be the person(s) whose name(s) is/are subscribed to the within Instrument,  
and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal.

*Jayne P. Shepard*  
Notary Public of Idaho  
Residing at BUHL, Idaho  
Commission Expires: 08/21/05



TITLE & ESCROW  
COMPANIES

MICROFILMED

NOV 20 2000

State of Idaho  
**CERTIFICATE OF DEATH**

State File No. \_\_\_\_\_  
Local Bag No. \_\_\_\_\_

|                                                                                                                                                                |  |                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DECEASED</b><br>NAME: <b>EDWARD W. VAVRA</b><br>SEX: <b>M</b><br>DATE OF BIRTH: <b>Jan 7, 1907</b><br>PLACE OF BIRTH: <b>Keyser, Minnesota</b>              |  | <b>LOCAL REG. NO.</b> <b>4-20-94</b><br>DATE OF DEATH: <b>Dec 7, 1994</b><br>PLACE OF DEATH: <b>Idaho</b>                                   |  |
| <b>EDWARD W. VAVRA</b><br>SOCIAL SECURITY NO.: <b>518-18-1679</b><br>PLACE OF DEATH: <b>Idaho</b><br>CAUSE OF DEATH: <b>(1) Impulse (2) Overdose (3) Other</b> |  | <b>WAVEA</b><br>SOCIAL SECURITY NO.: <b>76</b><br>PLACE OF DEATH: <b>Idaho</b><br>CAUSE OF DEATH: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Married</b><br>Spouse: <b>Josephine Inchausti</b><br>Date of Marriage: <b>1929</b><br>Place of Marriage: <b>Idaho</b>                                       |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Idaho</b><br>Twin Falls<br>Buhl<br>1500 N 1299 E<br>83316                                                                                                   |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>William Wavra</b><br>Minnesota<br>Agnes Devorak<br>Bohemia                                                                                                  |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Mrs. Josephine Wavra</b><br>3500 N 1299 E Buhl, Idaho 83316<br>West End Cemetery<br>Buhl, Idaho                                                             |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Dec 7, 1994</b><br><b>11:00 A</b><br><b>Dec 7, 1994</b><br><b>11:00 A</b>                                                                                   |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Respiratory Failure</b><br><b>1997003773</b>                                                                                                                |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Coroner</b><br><b>Mr. Gene Turley T.F. Co. Coroner 246 3rd Ave E Twin Falls, ID 83301</b>                                                                   |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
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| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b><br>Social Security No.: <b>76</b><br>Place of Death: <b>Idaho</b><br>Cause of Death: <b>(1) Impulse (2) Overdose (3) Other</b> |  |
| <b>Physician</b><br><b>Dr. Gene Turley</b>                                                                                                                     |  | <b>WAVEA</b>                                                                                                                                |  |

DATE ISSUED: 56 JUL 28 1994

Janet M. Wick

**JANET M. WICK**  
Acting State Registrar

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IN WITNESS

2 their hands, the da

Edward C. Wavra  
Edward C. Wavra - Husband

Josephine Waura  
Josephine Waura - wife

6 STATE OF IDAHO )  
7 County of Twin Falls ) ss.

On this 12th day of March, 1983, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Edward C. Wavra and Josephine Wavra, 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 last above written.

13 \_\_\_\_\_  
14 \_\_\_\_\_  
Notary Public for State of Idaho  
Residing at \_\_\_\_\_  
Buhl

MICROFILMED

NOV 20 2003

AGREEMENT TO PASS PROPERTY  
AT DEATH TO SURVIVING SPOUSE

127062

1517E OF 10000  
County of Tulsa, Oklahoma  
I hereby certify that the above  
is a true and correct copy of the  
original as the same appears in the  
records of the County of Tulsa, Oklahoma  
this 11th day of May 1911.  
My office and duty recorded in and  
at  
EDWARD A. BOND  
County Clerk  
J. A. Bond  
Notary Public  
No. 400  
State of Oklahoma  
B. L. 517 1911

736269



TWIN FALLS  
TITLE & ESCROW  
COMPANY

RECEIVED  
DEC 17 1999  
Department of Water Resources

12/17/99

VIA REGULAR MAIL

Idaho Department of Water Resources  
1341 Fillmore Street, Suite 200  
Twin Falls, ID 83301-3380

RECEIVED

JAN 05 2000

Department of Water Resources

Re: Order No. T991049  
Koehn-Wavra  
33-11-14 EBM Twin Falls County, Idaho

Dear Ladies:

In connection with the above mentioned order, attached please find copies/originals of the following document(s):

- ☒ Warranty Deed/Grant Deed.
- ☒ Notice of Change of Water Right Ownership.

*Thank you for using Twin Falls Title & Escrow Company. Should you have any questions, please do not hesitate to contact me.*

Sincerely,

*Jayne by Christy*

Jayne Shepard  
Escrow Officer  
Twin Falls Title & Escrow Company

/js

encl.

MICROFILMED

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

In Re SRBA )  
Case No. 39576 )  
PARTIAL DECREE PURSUANT TO  
I.R.C.P. 54(b) FOR  
Water Right 47-12489

NAME AND ADDRESS: JOSEPHINE WAVRA  
1299 E 3500 N  
BUHL, ID 83316

SOURCE: GROUNDWATER

QUANTITY: 0.05 CFS

THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000  
GALLONS PER DAY.

PRIORITY DATE: 03/15/1945

POINT OF DIVERSION: T11S R14E S03 SESENE Within Twin Falls County

| PURPOSE AND<br>PERIOD OF USE: | PURPOSE OF USE   | PERIOD OF USE  | QUANTITY |
|-------------------------------|------------------|----------------|----------|
|                               | Domestic 1 HOUSE | 01-01 TO 12-31 | 0.04 CFS |
|                               | Stockwater       | 10-01 TO 04-30 | 0.05 CFS |

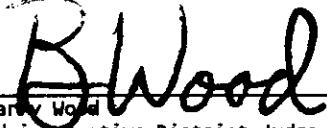
|               |               |      |                          |
|---------------|---------------|------|--------------------------|
| PLACE OF USE: | Stockwater    |      | Within Twin Falls County |
|               | T11S R14E S03 | SENE |                          |
|               | Domestic      |      | Within Twin Falls County |
|               | T11S R14E S03 | SENE |                          |

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A  
DETERMINATION OF HISTORICAL BENEFICIAL USE.

RULE 54(b) CERTIFICATE

With respect to the issues determined by the above judgment or order, it is hereby CERTIFIED, in accordance with Rule 54(b), I.R.C.P., that the court has determined that there is no just reason for delay of the entry of a final judgment and that the court has and does hereby direct that the above judgment or order shall be a final judgment upon which execution may issue and an appeal may be taken as provided by the Idaho Appellate Rules.

  
Barry Wood  
Administrative District Judge  
Presiding Judge of the  
Snake River Basin Adjudication



**State of Idaho**

**DEPARTMENT OF WATER RESOURCES**

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

Phone: (208) 327-7900 FAX: (208) 327-7866

November 6, 2000

DIRK KEMPTHORNE  
GOVERNOR

KARL J. DREHER  
DIRECTOR

KEVIN S KOEHN  
1492 E 3800 N  
BUHL ID 83316

RE: Change of Ownership for Water Right 47-12489

Dear Water Right Holder(s):

The department acknowledges receipt of correspondence changing ownership of the above referenced water right to you. The department has modified its records to reflect the change in ownership and has enclosed a computer-generated report for your records.

Please note that as of July 1, 1996, water right owners are required to report any change of water right ownership and any change of mailing address of the owner of a water right to the department. Notice of the change must be provided to the department within 120 days of the change. Change reporting forms are available from any office of the department.

Please feel free to contact the department if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeff Peppersack', written over a horizontal line.

Jeff Peppersack, Manager  
Water Right Permits Section

JP:klt

Enclosure

MICROFILMED

NOV 20 2000