

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 02 2024

## NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

IDWR / NORTH

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions.

| Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? | Water Right/Claim No. | Split?                       | Leased to Water Supply Bank? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 85 7233               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: VICTOR ALLMON  
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): DIANE ALLMON  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

3511 28th STREET LEWISTON ID 83501-9723  
Mailing address City State Zip  
208-413-1054 GMAALLMON@gmail.com  
Telephone Email

- NA 4. If the water rights and/or adjudication claims were split, how did the division occur?  
☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.  
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: \_\_\_\_\_

6. Do you own the land identified as the water right place of use? Yes ☒ No ☐  
 o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.

7. This form must be signed and submitted with the following **REQUIRED** items:

- ☒ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.  
☒ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).  
☒ Filing fee (see instructions for further explanation):  
 o \$25 per *undivided* water right.  
 o \$100 per *split* water right.  
 o No fee is required for pending adjudication claims.  
☒ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.  
☒ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Diane A Allmon 10/11/2024  
Signature of new owner/claimant Title, if applicable Date  
DIANE A. ALLMON  
Print name

Signature: \_\_\_\_\_  
Signature of new owner/claimant Title, if applicable Date  
Print name

**For IDWR Office Use Only:**

Received by: MS Date: 12/2/24 Receipt No. N045108 Receipt Amt. \$25.00  
 Active in the Water Supply Bank? Yes ☐ No ☐ If yes, forward to the State Office for processing W-9 received? Yes ☐ No ☐  
 Name on W-9 \_\_\_\_\_ Approved by \_\_\_\_\_ Processed by NS Date 12/2/24

872044

## AFFIDAVIT IN LIEU OF ADMINISTRATION

State of Idaho  
County of NEZ PERCE

Diane ALLMON, being first duly sworn upon his (her) oath says that:

- a) He (she) is now and has been a resident of LEWISTON City, County of NEZ PERCE, State of Idaho for 34 years.
- b) He (she) makes this affidavit as of personal knowledge of the facts herein stated and for the purpose of inducing to issue title insurance of the following described premises:  
3511 28th STREET  
LEWISTON ID 83501
- c) He (she) was personally acquainted with VICTOR ALLMON during his (her) lifetime.
- d) VICTOR ALLMON died, intestate (without a will), (testate) (with a will) in NEZ PERCE County, State of Idaho, on DEC. 28 2015.
- e) At the time of his (her) death VICTOR ALLMON was a resident of LEWISTON City, County of NEZ PERCE, State of Idaho.
- f) At the time of his (her) death, VICTOR ALLMON was married to Diane ALLMON and had been continuously so married from the July 3 day of 2001.
- g) At the time of his (her) death VICTOR ALLMON in addition to his (her) wife (husband) was survived by the following heirs:

| Name of Heir | Relationship | Residence if Known | Age |
|--------------|--------------|--------------------|-----|
|              |              |                    |     |

- h) At the time of his (her) death, decedent's entire estate was of the approximate value of 300,000<sup>00</sup> dollars.
- i) That under provisions of the Idaho Uniform Probate Codes (S 15-3-102), (S 15-3-101), the said real property described herein has not been possessed or claimed by anyone except \_\_\_\_\_ and by virtue of the death of the decedent, that the title records of \_\_\_\_\_, Idaho, be amended to show the present vestee to be Diane ALLMON, 3511 28th ST LEWISTON ID  
(Name) (Address)

Diane Allmon

Subscribed and sworn to before me this \_\_\_\_\_

\*DIANE ALLMON  
3511 28TH ST  
LEWISTON, ID 83501

Instrument # 872044

NEZ PERCE COUNTY  
12-12-2019 02:01:07 PM No. of Pages: 2  
Recorded for: DIANE ALLMON  
PATTY WEEKS Fee: 13.00  
Ex-Officio Recorder Deputy  
Index to: AMD/AGREE/AFFID

up. L. Benharct

872044

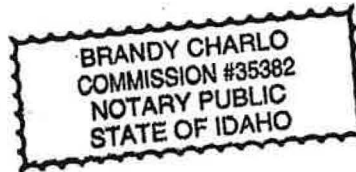
State of Idaho } ss  
County of Nez Perce }

On this 12th day of Dec. 2019, before me, Brandy S. Charlo, a Notary Public in and for said state, Diane Allmon personally appeared, 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 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.

Brandy S. Charlo

Notary Public for the State of Idaho  
Residing at: Lewiston, ID  
Commission Expires: 10-31-2020



781454

# QUITCLAIM DEED

For Value Received

*Married man*  
VICTOR A. ALLMON, husband, and *wife*  
~~PATRICIA A. ALLMON~~  
*(deceased)*

do hereby convey, release, remise and forever quit claim unto

VICTOR A. ALLMON AND DIANE A. ALLMON, husband + wife

whose current address is

\* 3511 28th St, LEWISTON, ID 83501

the following described premises, to-wit:

A tract of land lying in the Southeast Quarter of Section Eighteen, Township Thirty-five North, Range Four, W.B.M., and more particularly described as follows:

Beginning at the Northeast corner of said Southeast Quarter of Section Eighteen, running on the North line of said Southeast Quarter of Section Eighteen, South 89°44' West 2653.3 feet to the center of said Section Eighteen; thence on West line of said Southeast Quarter of Section Eighteen, South 15' East 643.5 feet; thence North 89°44' East 2623.7 feet on a line parallel with and 643.5 feet from said North line of Southeast Quarter of Section Eighteen to a point 30 feet West of the East line of said Section Eighteen; thence North 17' West 613.5 feet, parallel with and 30 feet from said East line of said Section Eighteen to a point 30 feet south of said North line of the Southeast Quarter of Section Eighteen; thence North 89°44' East 30 feet on a line parallel with and 30 feet from said North line of Southeast Quarter of Section Eighteen to said East line of Section Eighteen; thence on said East line of Section Eighteen, North 17' West 30 feet to the place of beginning;

ALL SITUATE in the County of Nez Perce, State of Idaho.

together with their appurtenances.

Dated: June 14, 2010

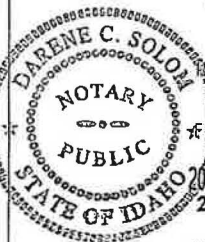
STATE OF IDAHO, COUNTY OF *Nez Perce*  
On this *14th* day of *June*, 2010  
before me, a notary public in and for said State, personally appeared

VICTOR A. ALLMON

known to me to be the person whose name is  
subscribed to the within instrument, and acknowledged to  
me that *he* executed the same.

*Darene C. Solom*  
Notary Public

Residing at *Lewiston*, Idaho  
Comm. Expires *12/4/2012*



ST. NO. 781454

FILED FOR RECORD

306

REC. BY

*Diane Allmon*

2010 JUN 14 AM 11 15 \*

PATTY O. WEEKS

RECORDER, NEZ PERCE CO. ID.

BY

*[Signature]*

DEPUTY

# STATE OF IDAHO

## CERTIFICATION OF VITAL RECORD

### STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

#### State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE  
ADDED SEAL SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER 53-1404 AND 53-1405, IDAHO CODE

Local Reg. No. \_\_\_\_\_

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                              |  |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DECEDENT</b>       | 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)<br><b>VICTOR A ALLMON</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 2. SEX<br><b>MALE</b>                                                                                                                                                                                                                                                                                                                                                                    |  | 3. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>                                                                                                                                                                                               |  |
|                       | 4a. AGE-Last Birthday<br><b>88</b> (Years)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 4b. UNDER 1 YEAR<br>Months: _____ Days: _____ Hours: _____ Minutes: _____                                                                                                                                                                                                                                                                                                                |  | 4c. UNDER 1 DAY<br>Hours: _____ Minutes: _____                                                                                                                                                                                               |  |
| <b>PARENTS</b>        | 7a. RESIDENCE - STATE OR FOREIGN COUNTRY<br><b>IDAHO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 7b. COUNTY<br><b>NEZ PERCE</b>                                                                                                                                                                                                                                                                                                                                                           |  | 7c. CITY OR TOWN<br><b>LEWISTON</b>                                                                                                                                                                                                          |  |
|                       | 7d. STREET AND NUMBER<br><b>3511 28TH ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 7e. APT. NO.<br>_____                                                                                                                                                                                                                                                                                                                                                                    |  | 7f. ZIP CODE<br><b>83501</b>                                                                                                                                                                                                                 |  |
| <b>INFORMANT</b>      | 8. MARITAL STATUS AT TIME OF DEATH<br><input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)<br><b>DIANE A MAGRETTA</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                              |  |
|                       | 10. EVER IN U.S. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 11a. FATHER'S NAME (First, Middle, Last, Suffix)<br><b>HUGH ALLMON</b>                                                                                                                                                                                                                                                                                                                   |  | 11b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>ARKANSAS</b>                                                                                                                                                                    |  |
| <b>DISPOSITION</b>    | 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)<br><b>MARGARET POWERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 12b. BIRTHPLACE (State, Territory, or Foreign Country)<br><b>WASHINGTON</b>                                                                                                                                                                                                                                                                                                              |  | 13. MAILING ADDRESS (Street and Number, City, State, Zip Code)<br><b>3511 28TH ST. LEWISTON, ID 83501</b>                                                                                                                                    |  |
|                       | 14. METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)<br><b>MOUNTAIN VIEW CREMATORY<br/>3521 SEVENTH STREET<br/>LEWISTON, IDAHO 83501</b>                                                                                                                                                                                                                      |  | 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY<br><b>MOUNTAIN VIEW FUNERAL HOME<br/>3521 SEVENTH STREET<br/>LEWISTON, IDAHO 83501</b>                                                                                                     |  |
| <b>PLACE OF DEATH</b> | 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><b>ELECTRONICALLY FILED: TERESA GATES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 17b. LICENSE NUMBER (Of licensee)<br><b>M1371</b>                                                                                                                                                                                                                                                                                                                                        |  | 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                      |  |
|                       | 19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                              |  |
| <b>DATE OF DEATH</b>  | 20. FACILITY NAME (If not facility, give street and number)<br><b>3511 28TH ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE<br><b>LEWISTON, ID 83501</b>                                                                                                                                                                                                                                                                                                          |  | 22. COUNTY OF DEATH<br><b>NEZ PERCE</b>                                                                                                                                                                                                      |  |
|                       | 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)<br><b>December 28, 2015</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 24. TIME OF DEATH (24hr)<br><b>21:30</b>                                                                                                                                                                                                                                                                                                                                                 |  | 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)<br><b>December 28, 2015</b>                                                                                                                                                               |  |
| <b>CAUSE OF DEATH</b> | 26. TIME PRONOUNCED DEAD (24hr)<br><b>21:30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 27. CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                              |  |
|                       | <p>PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>ACUTE HEART FAILURE</b><br/>DUE TO (or as a consequence of) _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) → b. <b>CHRONIC HEART FAILURE</b><br/>DUE TO (or as a consequence of) _____</p> <p>c. _____<br/>DUE TO (or as a consequence of) _____</p> <p>d. _____</p> <p>PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I.</p> |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                              |  |
| <b>CERTIFIER</b>      | 28. DID TOBACCO USE CONTRIBUTE TO DEATH?<br><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 29. IF FEMALE (Aged 10-54):<br><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input checked="" type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year     |  | 30. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                         |  |
|                       | 31. DATE OF INJURY (Mo/Day/Yr) (Spell month)<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 32. TIME OF INJURY (24hr)<br>_____                                                                                                                                                                                                                                                                                                                                                       |  | 33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)<br>_____                                                                                                                      |  |
| <b>REGISTRAR</b>      | 34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____<br>Street and Number or Location _____ Apartment Number _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 35. INJURY AT WORK?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                              |  |
|                       | 36. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                              |  |
| <b>CERTIFIER</b>      | 37. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> What safety devices(s) did decedent use/employ?<br><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown |  | 39a. CERTIFIER (Check only one, based on official capacity for this certificate)<br><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE PROFESSIONAL NURSE |  |
|                       | 39b. DATE SIGNED<br><b>1 / 4 / 2016</b><br>MM DD YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 39c. LICENSE NUMBER<br><b>M-04779</b>                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                              |  |
| <b>CERTIFIER</b>      | 40a. REGISTRAR'S SIGNATURE<br><b>James B. Gaydelotte</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 40b. DATE SIGNED<br><b>1 / 5 / 2016</b><br>MM DD YYYY                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                              |  |
|                       | 41. SIGNATURE AND TITLE OF CERTIFIER (Type or print)<br><b>DAVID A. PETERSEN, M.D.</b><br>Signature and Title of Certifier → <b>DAVID A. PETERSEN, 2315 SOUTH EIGHTH STREET LEWISTON, ID 83501</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                              |  |

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **JAN 05 2016**

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

**JAMES B. AYDELOTTE**  
STATE REGISTRAR





IDAHO DEPARTMENT OF  
**WATER RESOURCES**

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763  
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: [northerninfo@idwr.idaho.gov](mailto:northerninfo@idwr.idaho.gov) • Web: [idwr.idaho.gov](http://idwr.idaho.gov)

Governor Brad Little

Director Mathew Weaver

December 02, 2024

DIANE ALLMON  
3511 28TH ST  
LEWISTON ID 83501-9723

Re: Change in Ownership for Water Right No(s): 85-7233

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 762-2813.

Sincerely,

Natalie Steading  
Tech Records Specialist 1

Enclosure(s)