

RECEIVED

OCT 06 2022

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$:	100 -
Receipt No.:	6114215
Receipt By:	Ka
Date Received:	10.6.22

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been **completed** and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an *Assignment of Permit* form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No.: 15-07369 Telephone No.: 208-766-3421

2. Name of Permit Holder(s): Dale Price

3. Mailing Address: 4491 W. 4700 S. City: Malad City

State: ID Zip: 83252 Email: lynettep13@gmail.com

4. Source of Water: Ground Water If **GROUND WATER** (well), Date Drilled: mo. 06 / yr. 2001

Well Driller: Gardner Drilling Drilling Permit Number: 764307

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): 0 Stockwater (No. and type of stock): 100 head range cattle / .02 cfs

Irrigation (No. of acres): 42.5 Other: _____

6. Total rate of diversion or storage volume for which proof is submitted: 0.85 cfs OR 149.0 acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: **Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.**

Measuring Device: Is a measuring device required?

If yes, has the measuring device been installed?

Yes ☒	No ☐
Yes ☒	No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

If yes, has the lockable device been installed?

Yes ☐	No ☒
Yes ☐	No ☐

Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

None

Completed? Yes ☐ No ☐

8. Fee Enclosed: \$ 100⁰⁰ See fee schedule on back of the instructions for filing proof of beneficial use. Proofs filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Clint Price Telephone Number: 208-760-0373

Mailing Address: 4522 S. 4500 W. City: Malad City

State: ID Zip: 83252 Email: ~~clint.meg~~ clint.meg.price@gmail.com

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: Lynette S. Price for Dale Price Date: 9-16-2022
(include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

SCANNED
OCT 11 2022

Preston B. Rutter - 11079
Fuller & Fuller, PLLC
24 North State
P.O. Box 191
Preston, ID 83263
Telephone: (208) 852-2680
Facsimile: (208) 852-2683
Email: PBRutter@fullerlawonline.com



STATE OF IDAHO } ss COUNTY OF ONEIDA
I hereby certify that the foregoing is a full, true and correct copy of the original in the above entitled matter. Witness my hand and affix the seal of said court. DATED 9/8/2021 04:13 PM Matthew L. Colton MATTHEWS, COLTON, Clerk of the District Court By: <u>Diane Shidmore</u> Deputy

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF ONEIDA

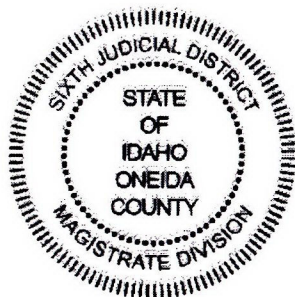
IN THE MATTER OF THE ESTATE OF DALE WALDRON PRICE, a.k.a. DALE W. PRICE, Deceased.	Case No. CV36-21-0086 LETTERS TESTAMENTARY
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Lynette Price is hereby appointed Personal Representative of the above-named estate with all authority pertaining thereto.

These letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS; David A. Hooste, Magistrate of the District Court, County of Oneida, State of Idaho, with the seal of the Court.

DATED: 7/28/2021 09:37 AM



David Hooste
Magistrate Judge

CERTIFICATION OF VITAL RECORD

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

DATE FILED BY STATE REGISTRAR:

CERTIFICATE OF DEATH

STATE FILE NO. 2021-05313

05/06/2021

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER 19A-2001 AND 19A-2002.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DALE WALDRON PRICE		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 70 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5. DATE OF BIRTH (Mo/Day/Yr) 07/08/1950	
PARENTS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY ONEIDA		7c. CITY OR TOWN MALAD CITY	
	7d. STREET AND NUMBER 4491 W. 4700 S.		7e. APT. NO.		7f. ZIP CODE 83252	
INFORMANT	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) VIVIAN LYNETTE GODFREY			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) EVAN PLATT PRICE			
DISPOSITION	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) PHYLLIS WALDRON		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	13a. INFORMANT'S NAME (Type or print) VIVIAN LYNETTE PRICE		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4491 W. 4700 S. MALAD CITY, ID 83252	
PLACE OF DEATH	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) SAMARIA CEMETERY SAMARIA, IDAHO 83252		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HORSLEY FUNERAL HOME 132 WEST 300 NORTH MALAD CITY, IDAHO 83252	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BRAD C. HORSLEY		17b. LICENSE NUMBER (Of licensee) M1124		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ERF/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ERF/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) 4491 W. 4700 S.		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE MALAD CITY, ID 83252		22. COUNTY OF DEATH ONEIDA	
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 29, 2021		24. TIME OF DEATH (24hr) Estimated 00:00 - 04:00		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 29, 2021	
	26. TIME PRONOUNCED DEAD (24hr) 07:45		27. CAUSE OF DEATH			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → CEREBROVASCULAR ACCIDENT DUE TO (or as a consequence of): a. MINI STROKES DUE TO (or as a consequence of): b. 2 DAYS DUE TO (or as a consequence of): c. 2 DAYS DUE TO (or as a consequence of): d.					
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
CERTIFIER	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
REGISTRAR	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State: City/Town or County: Zip Code:			
	37. 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: TRANSPORTATION: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ INJURY ONLY ☐ Pedestrian ☐ Other (Specify) 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		39b. LICENSE NUMBER			
	39c. DATE SIGNED 5 / 6 / 2021 MM DD YYYY		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) BRAD HORSLEY, 132 WEST 300 NORTH MALAD CITY, ID 83252			
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Gaydelotte		40b. DATE SIGNED 5 / 6 / 2021 MM DD YYYY			

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: MAY 07, 2021

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SCANNED
OCT 11 2022





IDAHO DEPARTMENT OF
WATER RESOURCES

322 E Front Street, Suite 648, Boise ID 83702 • PO Box 83720, Boise ID 83720-0098
Phone: 208-287-4800 • Fax: 208-287-6700 • Email: idwrinfo@idwr.idaho.gov • Website: idwr.idaho.gov

Governor Brad Little
October 7, 2022

Director Gary Spackman

DALE W PRICE
4491 W 4700 S
MALAD CITY ID 83252-6630

PROOF ACKNOWLEDGEMENT LETTER

RE: Permit No. 15-7369

Dear Permit Holder:

The Department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the Department to conduct a field examination to determine and confirm the use being made of the water.

Please be advised that Idaho Code § 42-248, requires you or the owner of this water right to maintain current ownership and address records on file with the Department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any Department office or at the Department's website at www.idwr.idaho.gov.

If you have any questions concerning the field examination, please contact the Eastern Region Office of the Department located in Idaho Falls at (208) 525-7161.

Sincerely,

Debbi Judd
Technical Records Specialist

Enclosures

c: BANK OF UTAH – *via email*

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OCT 11 2022

Beneficial Use Proof Evaluation

Permit Number: 15-7369 Reviewer: djudd Review Date: 10/6/2022

Acceptability

- 1) Is the contact on the request the current permit holder? Yes
- 2) Does the address of record need to be updated? No
- 3) Proof Submitted Date: 10/6/2022
- 4) Proof Due Date: 5/1/2023
- 5) Days added for weekend due date? 0
- 6) Days added for holiday due date? 0
- 7) Number of days late: -207
- 8) Proof received timely? Yes

Analysis

- 1) Are the water uses correct? Yes
- 2) Are one of the following items required?
 - a. Measuring Device -- No
 - b. Lockable Device --No
 - c. Fish Screen -- No
- 3) Are the required items installed?
 - a. Measuring Device --
 - b. Lockable Device --
 - c. Fish Screen --
- 4) Is there a request to waive the required items?
- 5) Drilling Permit Number: 764307
- 6) Is a drilling permit upgrade needed? No
- 7) Was a well drillers report filed? Yes
- 8) Is proof accepted? Yes

Fees

- 1) Is a licensing exam fee required? Yes
- 2) Was proof submitted with an exam report from a CWE? No
- 3) Filing fee due: \$100.00
- 4) Filing fee submitted: \$100.00
- 5) Remaining fee or (refund): \$0.00

Receipt IDs

E039320

Comments

Proof acknowledged