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SEP 12 2022

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

AUG 26 2022

Department of Water Resources
Eastern Region

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

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?
21-12480 ✓	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Lisa Mackay, Robert Merrill Muhlfeith
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Patricia M. Hester
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 1916 Madeira Dr. NE Albuquerque NM 87110
Mailing address City State Zip
505-270-5814 patricia.hester45@gmail.com
Telephone Email
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: Patricia M. Hester Title, if applicable _____ Date 8/23/22
Signature of new owner/claimant
Patricia M. Hester
Print name

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

For IDWR Office Use Only:
Received by M. Potts Date 8-26-20 Receipt No. E048452 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 [Signature] Date 12/12/22

SCANNED
DEC 16 2022

STATE OF IDAHO

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:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2022-05174

04/21/2022

ONLY A COPY OF THIS DOCUMENT, OBTAINED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §30-2414 AND §30-274, IDAHO CODE.

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS. PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROBERT MERRILL MIHLFEITH		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 69 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 04/30/1952	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) REXBURG, IDAHO		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	
	7b. COUNTY MADISON		7c. CITY OR TOWN REXBURG	
	7d. STREET AND NUMBER 7027 WEST 6000 NORTH		7e. APT. NO. 83440	
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) JOSIE YOUNG		
10. EVER IN U.S. ☒ YES ☐ NO		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
11a. FATHER'S NAME (First, Middle, Last, Suffix) CARL MELVIN MIHLFEITH		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JOSIE YOUNG		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 7027 WEST 6000 NORTH REXBURG, ID 83440		
13b. RELATIONSHIP TO DECEDENT SISTER		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) EAGLE ROCK CREMATORY EAST 983 S. AMMON ROAD AMMON, IDAHO 83406		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY FLAMM FUNERAL HOME 61 NORTH FIRST EAST REXBURG, IDAHO 83440		
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BRUCE W. BAXTER		17b. LICENSE NUMBER (Of licensee) M0800		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No
19a. IF DEATH OCCURRED IN A HOSPITAL: PLACE OF DEATH (19-22) 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (If not facility, give street and number) 7027 WEST 6000 NORTH				
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE REXBURG, ID 83440				
22. COUNTY OF DEATH MADISON				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) Estimated 04/12/2022 - 04/14/2022		24. TIME OF DEATH (24hr) Estimated 23:30 - 00:01		
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 15, 2022		26. TIME PRONOUNCED DEAD (24hr) 12:00		
27. CAUSE OF DEATH 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) a. SUDDEN CARDIAC DEATH DUE TO (or as a consequence of): b. HYPERTENSION DUE TO (or as a consequence of): c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUE TO (or as a consequence of): d. PROSTATE CANCER				
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown				
29. IF FEMALE (Aged 15-54): ☐ 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				
30. DATE OF INJURY (Mo/Day/Yr) (Spell month) 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.)		
35. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		36. INJURY AT WORK? ☐ Yes ☐ No		
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 ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown				
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. ☒ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER 39c. DATE SIGNED 4 / 21 / 2022 MM DD YYYY		
Signature and Title of Certifier ELECTRONICALLY SIGNED: SAM BUTIKOFER 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SAM BUTIKOFER, 134 E. MAIN REXBURG, ID 83440		40a. REGISTRAR'S SIGNATURE James B. Galt		
40b. DATE SIGNED 4 / 21 / 2022 MM DD YYYY		40c. DATE SIGNED 4 / 21 / 2022 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: **APRIL 22, 2022**

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
DEC 16 2022



WILLIAM FORSBERG (ISB No. 2310)
TROY D. EVANS (ISB No. 6411)
DYLAN ANDERSON (ISB No. 9676)
Forsberg & Evans Law Offices
49 Professional Plaza
Rexburg, Idaho 83440

Telephone: (208) 356-7474
Facsimile: (208) 656-0010
Email: troyevans@forsberglawoffices.com

Attorneys for Personal Representative

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF FREMONT
MAGISTRATE DIVISION

In the Matter of the Estate of

ROBERT MERRILL MIHLFEITH,

Deceased.

CASE NO.: CV33-22-0373

LETTERS TESTAMENTARY

1. PATRICIA M. HESTER a/k/a PATRICIA TATUM was duly appointed and qualified
as General Personal Representative of the estate of the above-named decedent on

June 7, 2022, by the Court with all authority pertaining thereto.

2. Administration of the estate is unsupervised.

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

WITNESS, my signature and the Seal of this Court on: 6/7/2022 2:25:55 PM.


MAGISTRATE

CLERK'S CERTIFICATE OF MAILING

I hereby certify that a copy of the foregoing Letters Testamentary was served upon the following by mailing the same on 6/10/2022 9:28:39 AM, with the necessary postage affixed thereto.

Troy Evans
Forsberg & Evans Law Offices
troyevans@forsberglawoffices.com
jball@forsberglawoffices.com

Patricia M. Hester
a/k/a Patricia Tatum
7027 West 6000 North
Rexburg, Idaho 83440



Deputy Clerk

PREPARED BY:

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Patricia Muhlfeith Hester
1916 Madeira Dr. NE
Albuquerque, NM 87110

MAIL TAX STATEMENTS TO:

Patricia Muhlfeith Hester
1916 Madeira Dr. NE
Albuquerque, NM 87110

Instrument # 382528

REXBURG, MADISON, IDAHO

5-15-2013 02:07:41 No. of Pages: 2

Recorded for: PATRICIA HESTER

KIM H. MUIR Fee: 13.00

Ex-Officio Recorder Deputy

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS THAT:

THIS QUITCLAIM DEED, made and entered into on the 15 day of May, 2013, between Lisa Morgan Mackay, whose address is 3687 N 250 E, Rexburg, Idaho 83440, and Blair Morgan, whose address is 3687 N 250 E, Rexburg, Idaho 83440, a married couple ("Grantors"), and Patricia Muhlfeith Hester, whose address is 1916 Madeira Dr. NE, Albuquerque, New Mexico 87110, and Bernice Eugene Tatum, whose address is 1916 Madeira Dr. NE, Albuquerque, New Mexico 87110, a married couple ("Grantees").

For and in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Grantors hereby Remise, Release, AND FOREVER Quitclaim to Grantees, as Joint Tenants with Right of Survivorship, the property located at 7027 W 6000 N, Rexburg, 83440 in Madison County, Idaho, described as:

Northeast Quarter (N1/4) of the Northeast Quarter (N1/4) of Section 25 Township 7 North Range 38 East of the Boise Meridain containing 40 acres, more or less, according to the government survey thereof.

Prior instrument reference: Gift Deed, Volume/Book _____, Page _____, Document No. 252104, of the Recorder of Madison, Idaho, recorded May 26, 1994 _____.

SUBJECT TO all, if any, valid easements, rights of way, covenants, conditions, reservations and restrictions of record.

Grantors grant all of the Grantors' rights, title and interest in and to all of the above described property and premises to the Grantees, and to the Grantees' heirs and assigns forever in fee simple, so that neither Grantors nor Grantors' heirs legal representatives or assigns shall have,

claim, or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Tax/Parcel ID Number: RP07N38E250001

IN WITNESS WHEREOF the Grantors have executed this deed on the 15 day of May 15, 2013.

Date

Lisa Morgan Mackay
Lisa Morgan Mackay, Grantor

Date

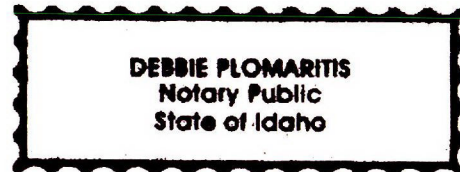
Blair Morgan
Blair Morgan, Grantor

State of Idaho
County of Madison

On this the 15 day of May, 202013 before me Debbie Plomaritis, a notary public, personally appeared Lisa Morgan Mackay and Blair Morgan personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that they executed the same.

Debbie Plomaritis
Notary Public

My Commission Expires on 01-23-2019



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 21-12480

NAME AND ADDRESS: PATRICIA HESTER
1916 MADEIRA NE
ALBUQUERQUE, NM 87110

LISA MACKAY
ROBERT MERRILL MIHLFEITH
7027 W 6000 N
REXBURG, ID 83440

SOURCE: GROUNDWATER

QUANTITY: 0.06 CFS

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

PRIORITY DATE: 05/01/1944

POINT OF DIVERSION: T07N R38E S25 NENENE Within Madison County

PURPOSE AND PERIOD OF USE:	PURPOSE OF USE	PERIOD OF USE	QUANTITY
	Domestic 1 HOME	01-01 TO 12-31	0.04 CFS
	Stockwater	01-01 TO 12-31	0.02 CFS

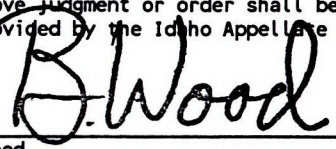
PLACE OF USE:	Stockwater		Within Madison County
	T07N R38E S25	NENE	
	Domestic		Within Madison County
	T07N R38E S25	NENE	

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



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

Director Gary Spackman

December 12, 2022

PATRICIA HESTER
1916 MADEIRA DR NE
ALBUQUERQUE NM 87110-5138

Re: Change in Ownership for Water Right No(s): 21-12480

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)287-4921.

Sincerely,

Sidney Palmer

Sidney Palmer
Technical Records Specialist 1

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DEC 16 2022