

RECEIVED

NOV 21 2022

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDepartment of Water Resources
Western 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?
34-394 COK	Yes ☐	Yes ☐		Yes ☐	Yes ☐
updated Pou	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: MARK ROBERTS
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Shawn Roberts
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 15 PURDUE POCATELLO ID 83201
Mailing address City State Zip
- 208-232-9310 SROBERTS4C@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: 10/21/22
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: Shawn Roberts 11/21/22
Signature of new owner/claimant Title, if applicable Date
- Shawn Roberts
Print name

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

Print name _____

Received by ckh Date 11/21/22 For IDWR Office Use Only: legal description matches previous
Receipt No. E048746 Receipt Amt. \$25.00 ok

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 JB Processed by JB Date 11/22/2022

NOV 22 2022

IDAHO DEPARTMENT OF WATER RESOURCES
Water Right Report 34-394C

WATER RIGHT NUMBER: 34-394C

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	MARK ROBERTS RT #1 BOX 398 ARCO, ID 83213 (208)527-3130

Priority Date: 06/01/1890

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
BIG LOST RIVER	SINKS

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	5/01 to 10/15	0.590 CFS	
	<u>Total Diversion:</u>	0.590 CFS	

Location of Point(s) of Diversion

BIG LOST RIVER	NW1/4NW1/4NW1/4	Sec. 26, Twp 04N, Rge 26E, B.M.
BUTTE County		

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
04N	26E	35	15.0															15.0	

Total Acres: 15

Conditions of Approval:

1. WATER IS DELIVERED THROUGH MIDDLE DITCH.
2. C18 THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.
3. S34 THE PERIOD OF USE FOR IRRIGATION DESCRIBED ABOVE MAY BE EXTENDED IN SEASONS OF UNUSUAL CHARACTERISTICS TO A BEGINNING DATE OF 04-20 AND AN ENDING DATE OF 10-31 AT THE DISCRETION OF THE DIRECTOR OF THE IDAHO DEPARTMENT OF WATER RESOURCES.

Dates and Other Information:

Decreed Date: 12/14/2001

SCANNED

NOV 22 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. 2021-06208

07/14/2021

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
BASED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §19-21(4) AND §19-21A, IDAHO CODE

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) MARK PARISH ROBERTS		2. SEX MALE	3. SOCIAL SECURITY NUMBER	
	COMPLETE/Verify and File Within 5 Days of Death	4a. AGE-Last Birthday 80 (Years)	4b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5. DATE OF BIRTH (Mo/Day/Yr) 05/05/1941	6. BIRTHPLACE (City and State, Territory, or Foreign Country) TWIN FALLS, IDAHO	
		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY BUTTE	7c. CITY OR TOWN ARCO		
		7d. STREET AND NUMBER 3101 W 2500 N		7e. APT. NO.	7f. ZIP CODE 83213	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
		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)		
		10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI		
	PARENTS	11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS				
		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) AYLEEN ROTU PARISH				
		13a. INFORMANT'S NAME (Type or print) CHANELLE FOLTZ		13b. RELATIONSHIP TO DECEDENT DAUGHTER		
		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 4691 MISTI CHUBBUCK, ID 83202				
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) BONNEVILLE CREMATORY 2100 FIRST STREET IDAHO FALLS, IDAHO 83401				
INFORMANT	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ANDERSON FAMILY FUNERAL HOME P.O. BOX 117 ARCO, IDAHO 83213-0117					
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MICHAEL D. ANDERSON		17b. LICENSE NUMBER (Or license) M0809		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)					
	20. FACILITY NAME (If not facility, give street and number) 3101 W 2500 N		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE ARCO, ID 83213		22. COUNTY OF DEATH BUTTE	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) July 2, 2021		24. TIME OF DEATH (24hr) Estimated 00:00 - 19:00	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) July 2, 2021		
DISPOSITION	26. TIME PRONOUNCED DEAD (24hr) 19:30		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: HEART FAILURE (INCIDENT TO AGE) DUE TO (or as a consequence of): HEART DISEASE DUE TO (or as a consequence of): DUE TO (or as a consequence of):					
	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. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)			
PLACE OF DEATH	33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		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			
	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.		39b. LICENSE NUMBER			
	39c. DATE SIGNED 7 / 12 / 2021 MM DD YYYY					
DATE OF DEATH	Signature and Title of Certifier ELECTRONICALLY SIGNED: TARA PARSONS					
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) TARA PARSONS, PO BOX 737 ARCO, ID 83213					
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 7 / 14 / 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.

JULY 15, 2021

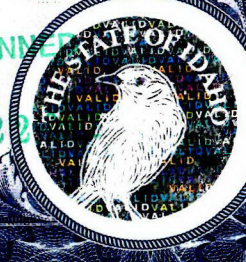
DATE ISSUED:

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

Rev. 07/28/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JAMES B. AYDELOTTE
STATE REGISTRAR



Quitclaim Deed

For value received, Chanelle Renee Foltz (personal representative for the estate of Mark P. Roberts), deceased,

Does hereby convey, release, remise and forever quit claim unto Shawn K. Roberts, a married man, whose current address is 15 Purdue, Pocatello, Idaho 83201. The following described premises, unto the said grantee, heirs and assigns forever.

See attached Exhibit 'A'

Date: Oct 21st, 2022

Chanelle Renee Foltz

Chanelle Renee Foltz

State of Idaho

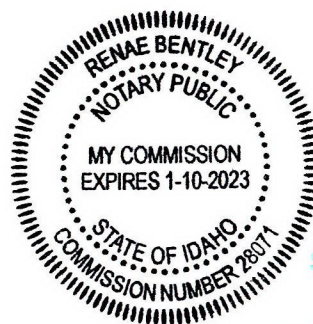
On this 21st day of October, 2022, before me, the undersigned, a Notary Public in and for the State, personally appeared Chanelle Renee Foltz, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

Renae Bentley, Notary Public

Residing at, Pocatello, Idaho.

My Commission Expires: 1/10/2023.

(seal)



SCANNED

NOV 22 2022

Exhibit 'A'

A parcel of land generally described as Tax #8-55, being a portion of the northeast quarter of the northeast quarter of Section 35, Township 4 North, Range 26 East of the Boise Meridian, Butte County, Idaho; Being more particularly described as follows:

Commencing at the northeast corner of said Section 35; thence South $00^{\circ}05'00''$ West along the East boundary of the northeast quarter of said Section 35, a distance 33.00 feet to the southerly right-of-way of former U.S. Highway 93A and the POINT OF BEGINNING of this described parcel of land.

Thence South $89^{\circ}52'38''$ West along said highway right-of-way; a distance of 719.88 feet; thence south $00^{\circ}07'22''$ East, perpendicular to the north boundary of the northeast quarter of said Section 35, a distance of 216.00 feet; thence South $89^{\circ}52'38''$ West parallel to the north boundary of the northeast quarter of said Section 35, a distance of 115.00 feet; thence south $00^{\circ}07'22''$ East, perpendicular to the north boundary of the northeast quarter of said Section 35, a distance of 719.00 feet; thence south $89^{\circ}52'38''$ West parallel to the north boundary of the northeast quarter of said Section 35, a distance of 485.68 feet to the west boundary of the northeast quarter of the northeast quarter of said Section 35; thence South $00^{\circ}09'31''$ West along the west boundary of the northeast quarter of the northeast quarter of said Section 35 a distance of 342.72 feet to the southwest corner of said northeast quarter of northeast quarter of said Section 35; thence North $89^{\circ}58'41''$ East along the south boundary of the northeast quarter of the northeast quarter of said Section 35; a distance of 1317.65 feet to the southeast corner of the northeast quarter of the northeast quarter said Section 35; thence North $00^{\circ}05'00''$ East along the east boundary of the northeast quarter of the northeast quarter of said Section 35, a distance of 1280.04 feet to the southerly right-of-way of former U.S. Highway 93A and the POINT OF BEGINNING.

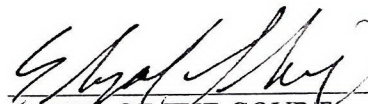
SCANNED

NOV 22 2022

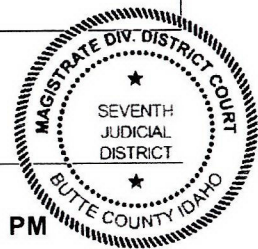
CLERK'S CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on **July 22, 2022**, I served a true and correct copy of the foregoing document to the following person(s) as follows:

Dave Bagley RACINE OLSON, PLLP Email: dave@racineolson.com Telephone: (208) 232-6101	☒ iCourt/Email
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CLERK OF THE COURT

7/22/2022 4:41:41 PM



NOW, THEREFORE, IT IS HEREBY ORDERED AND DECREED THAT:

1. The Will of decedent Mark Parish Roberts, dated July 12, 2005, is hereby formally probated.
2. Chanelle Renee Foltz is hereby formally appointed personal representative of the estates of the decedents, to act without bond.
3. Upon qualification and acceptance, letters testamentary shall be issued.
4. Any previous informal appointment of personal representative is hereby terminated.

DATED: 7/22/2022

7/22/2022 03:30 PM


MAGISTRATE JUDGE





IDAHO DEPARTMENT OF
WATER RESOURCES

Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls, ID 83402-1718

Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

November 22, 2022

SHAWN ROBERTS
15 PURDUE AVE
POCATELLO ID 83201-3422

Re: Change in Ownership for Water Right No(s): 34-394C

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) 497-3787.

Sincerely,

Jonie Barg
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 34

SCANNED

NOV 22 2022