

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 06 2023

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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 63-2697A              | 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: Norma Jane Taylor

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): RONNI JANE TAYLOR

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

3300 N. Suppore Drive

Mailing address

BOISE

City

ID

State

83703

Zip

208-515-4379

Telephone

taylor.ronni77@gmail.com

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: MAY 27, 2014
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: Ronni J. Taylor 4/6/23

Signature of new owner/claimant

Title, if applicable

Date

Ronni J. Taylor

Print name

Signature: \_\_\_\_\_

Signature of new owner/claimant

Title, if applicable

Date

Print name

### For IDWR Office Use Only:

Received by PM Date 4-6-23 Receipt No. WOS1133 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 DM Date 4-11-23

RECEIVED

APR 10 2023

WATER RESOURCES  
WESTERN REGION

ADA COUNTY RECORDER Trent Tripple  
BOISE IDAHO Pgs= LINDSAY WHEELER  
RONNI TAYLOR

2023-019790  
04/06/2023 03:34 PM  
AMOUNT:\$15.00



QUITCLAIM DEED

FOR VALUE RECEIVED, Ronni Jane Taylor

Grantor(s), does hereby convey, release, remise and forever quitclaim unto  
Ronni Jane Taylor

Grantee(s), whose mailing address is 3300 Sycamore Drive Boise ID 83703

the following described premises, to-wit:

Lot #7 Sycamore Drive Subdivision

\_\_\_\_\_, ADA county.

Together with the appurtenances.

This deed is intended to convey to the Grantee all right, title, and interest of the Grantor  
in and to said property, now owned or hereafter acquired.

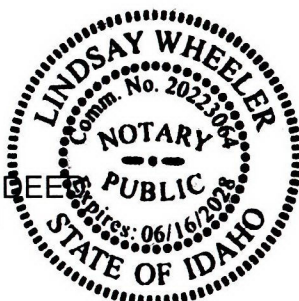
Date April 6, 2023

Ronni Taylor  
Signature, Grantor

\_\_\_\_\_  
Signature, Grantor

STATE OF IDAHO )  
County of Ada ) ss.

On this 6th day of April, 2023, before me, the  
undersigned, a Notary Public in and for said state, personally appeared  
Ronni Jane Taylor, known to me to be the person  
whose name is subscribed to the within instrument, and acknowledged to me that s/he executed  
the same.



QUITCLAIM DEED  
Revised 2/25/2014

Lindsay Wheeler  
NOTARY PUBLIC for Idaho  
Residing at: Boise, ID  
My Commission Expires: 06/16/2028



01244575202300197900010016

QUITCLAIM DEED

FOR VALUE RECEIVED, RONNI JANE TAYLOR

Grantor(s), does hereby convey, release, remise and forever quitclaim unto  
Ronni Jane Taylor

Grantee(s), whose mailing address is 3300 Sycamore Drive Boise ID 83703  
the following described premises, to-wit:

Lot #7 Sycamore Drive Subdivision  
ADA county.

Together with the appurtenances.

This deed is intended to convey to the Grantee all right, title, and interest of the Grantor  
in and to said property, now owned or hereafter acquired.

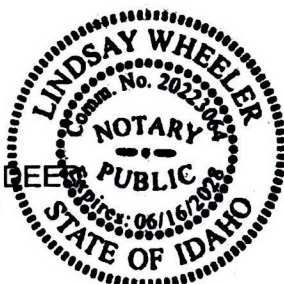
Date April 6, 2023

Ronni Jane Taylor  
Signature, Grantor

\_\_\_\_\_  
Signature, Grantor

STATE OF IDAHO )  
County of Ada ) ss.

On this 6th day of April, 2023 before me, the  
undersigned, a Notary Public in and for said state, personally appeared  
Ronni Jane Taylor, known to me to be the person  
whose name is subscribed to the within instrument, and acknowledged to me that s/he executed  
the same.



Lindsay Wheeler  
NOTARY PUBLIC for Idaho  
Residing at: Boise, ID  
My Commission Expires: 06/16/2028

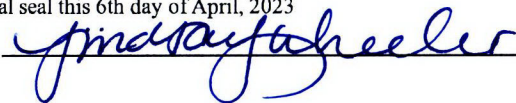
QUITCLAIM DEED  
Revised 2/25/2014

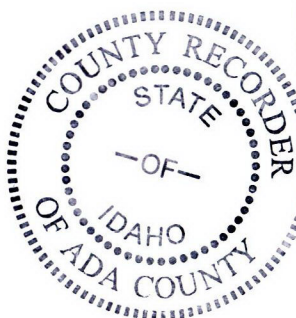
**STATE OF IDAHO, COUNTY OF ADA, ss.**

I, Trent Tripple, Ada County Recorder, do hereby certify that the annexed is a full, true and correct copy of Instrument Number 2023-019790 as it appears in the recorded documents system of the Ada County Recorder, State of Idaho.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal this 6th day of April, 2023

By:





**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

Date Filed JUNE 02, 2014

State File No 2014-05025

|                                                                                                                                |                                                   |                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|
| DECEDENT - LEGAL NAME<br><b>NORMA JANE TAYLOR</b>                                                                              |                                                   |                                                          |                                                                 |
| SEX<br><b>FEMALE</b>                                                                                                           | SOCIAL SECURITY NUMBER                            | AGE<br><b>83 YEARS</b>                                   | DATE OF BIRTH<br><b>, 1931</b>                                  |
| BIRTHPLACE<br><b>COLUMBUS, OHIO</b>                                                                                            |                                                   | PLACE OF RESIDENCE<br><b>BOISE, IDAHO</b>                |                                                                 |
| MARITAL STATUS AT TIME OF DEATH<br><b>WIDOWED</b>                                                                              |                                                   | NAME OF SURVIVING SPOUSE (If wife, maiden name)          | WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><b>NO</b>            |
| FATHER - NAME<br><b>CHARLES D. MILLER</b>                                                                                      |                                                   | BIRTHPLACE<br><b>OHIO</b>                                |                                                                 |
| MOTHER - MAIDEN NAME<br><b>CHRISTINE DOBYNS</b>                                                                                |                                                   | BIRTHPLACE<br><b>ALABAMA</b>                             |                                                                 |
| METHOD OF DISPOSITION<br><b>CREMATION</b>                                                                                      |                                                   | FUNERAL SERVICE LICENSEE<br><b>ROBERT T. CHAMBERLAIN</b> |                                                                 |
| NAME AND ADDRESS OF FUNERAL FACILITY<br><b>BOISE FUNERAL HOME, ACLESA CHAPEL, BOISE, IDAHO</b>                                 |                                                   |                                                          |                                                                 |
| DATE OF DEATH<br><b>MAY 27, 2014</b>                                                                                           | TIME OF DEATH<br><b>12:30 A.M.</b>                | CITY, TOWN OR LOCATION OF DEATH<br><b>BOISE, IDAHO</b>   | COUNTY OF DEATH<br><b>ADA</b>                                   |
| CAUSE OF DEATH (underlying cause last)<br><b>PRESUMED MYOCARDIAL INFARCTION</b>                                                |                                                   |                                                          | Approximate Interval Between Onset and Death<br><b>10 YEARS</b> |
| a DUE TO (or as a consequence of)<br><b>ADULT FAILURE TO THRIVE</b>                                                            |                                                   |                                                          |                                                                 |
| b DUE TO (or as a consequence of)<br><b>RECENT PNEUMONIA</b>                                                                   |                                                   |                                                          |                                                                 |
| c DUE TO (or as a consequence of)                                                                                              |                                                   |                                                          |                                                                 |
| d DUE TO (or as a consequence of)                                                                                              |                                                   |                                                          |                                                                 |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above<br><b>NONE STATED</b> |                                                   |                                                          | WAS AN AUTOPSY PERFORMED?<br><b>NO</b>                          |
| MANNER OF DEATH:<br><b>NATURAL</b>                                                                                             | NAME OF CERTIFIER<br><b>LISA L. DOCKTER, M.D.</b> |                                                          | TITLE<br><b>PHYSICIAN</b>                                       |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY                                                                                  |                                                   |                                                          |                                                                 |
| EXTERNAL CAUSES ONLY                                                                                                           |                                                   |                                                          |                                                                 |
| DATE OF INJURY                                                                                                                 | TIME OF INJURY                                    | PLACE OF INJURY                                          | INJURY AT WORK?                                                 |
| LOCATION WHERE INJURY OCCURRED                                                                                                 |                                                   |                                                          |                                                                 |
| DESCRIPTION OF HOW INJURY OCCURRED                                                                                             |                                                   |                                                          |                                                                 |

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

**RECEIVED**

**APR 10 2023**

**WATER RESOURCES  
WESTERN REGION**

DATE ISSUED: JUNE 02, 2014

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

PHCSD (Rev) 8/13

*James B. Aydelotte*  
**JAMES B. AYDELOTTE**  
STATE REGISTRAR



RECEIVED

APR 10 2023

WATER RESOURCES  
WESTERN REGION

ADA COUNTY RECORDER Christopher D. Rich  
BOISE IDAHO 06/28/12 04:21 PM  
DEPUTY Lisa Batt  
RECORDED - REQUEST OF  
Ronni Taylor

AMOUNT 10.00

1



QUITCLAIM DEED

FOR VALUE RECEIVED, Norma Jane Taylor Trust, to Norma Jane Taylor Trust, Grantor, does

hereby convey, release, remise and forever quitclaim unto

Norma Jane Taylor and Ronni Jane Taylor AS Joint tenants, Grantee, whose mailing address  
is 3300 Sycamore Drive Boise IDAHO 83703 the following

described premises, to-wit:

Lot #7 Sycamore Drive Subdivision

ADA county.

Together with the appurtenances.

This deed is intended to convey to the Grantee all right, title, and interest of the Grantor  
in and to said property, now owned or hereafter acquired.

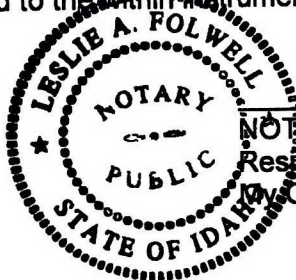
Date June 25, 2012

Norma J. Taylor  
Signature, Grantor

\_\_\_\_\_  
Signature, Grantor

STATE OF IDAHO )  
County of Ada ) ss.

On this 25<sup>th</sup> day of June, 2012, before me, the  
undersigned, a Notary Public in and for said state, personally appeared  
Norma Taylor, known to me to be the person  
whose name is subscribed to the within instrument, and acknowledged to me that s/he executed  
the same.



Leslie A. Folwell  
NOTARY PUBLIC for Idaho

Residing at: Boise Ada Idaho

My Commission Expires: 11-29-2012

QUITCLAIM DEED

CA06-10 Revised 10/10/2003



Western Region • 2735 W Airport Way • Boise, ID 83705-5082

Phone: 208-334-2190 • Fax: 208-334-2348 • Email: [westerninfo@idwr.idaho.gov](mailto:westerninfo@idwr.idaho.gov) • Web: [idwr.idaho.gov](http://idwr.idaho.gov)

Governor Brad Little

Director Gary Spackman

April 11, 2023

RONNI J TAYLOR  
3300 N SYCAMORE DR  
BOISE ID 83703-4134

Re: Change in Ownership for Water Right No(s): **63-2697A**

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)605-4620.

Sincerely,

Debra Mansfield  
Office Specialist II

Enclosure(s)

**IDAHO DEPARTMENT OF WATER RESOURCES**  
**Proof Report**

4/11/2023

**Water Right 63-2697A**

| <u>Owner Type</u> | <u>Name and Address</u>                                                        |
|-------------------|--------------------------------------------------------------------------------|
| Current Owner     | RONNI J TAYLOR<br>3300 N SYCAMORE DR<br>BOISE, ID 83703-4134<br>(208) 515-4379 |
| Original Owner    | GEORGE GLEN ROHRER<br>2112 N 14TH ST<br>BOISE, ID 83702                        |
| Previous Owner    | NORMA JANE TAYLOR<br>3300 SYCAMORE DR<br>BOISE, ID 83703<br>(208) 342-1999     |

**Priority Date:** 5/20/1948

**Basis:** Decreed

**Status:** Active

**Source**  
GROUND WATER

**Tributary**

| <u>Beneficial Use</u> | <u>From</u>                   | <u>To</u> | <u>Diversion Rate</u> | <u>Volume</u> |
|-----------------------|-------------------------------|-----------|-----------------------|---------------|
| IRRIGATION            | 03/01                         | 11/15     | 0.020 CFS             | 4.5 AF        |
|                       | <b><u>Total Diversion</u></b> |           | 0.020 CFS             | 4.5 AF        |

**Source and Point(s) of Diversion:**

GROUND WATER                      SESW                      Sec. 29, Twp 04N, Rge 02E, ADA County

**Place Of Use:**

IRRIGATION within ADA County

|     |     |     | NE |    |    |    | NW |    |    |    | SW |    |    |     | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|-----|----|----|----|----|--------|
| Twp | Rng | Sec | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE  | NE | NW | SW | SE |        |
| 04N | 02E | 29  |    |    |    |    |    |    |    |    |    |    |    | 1.0 |    |    |    |    | 1.0    |

POU Total Acres: 1.0

**Conditions of Approval:**

1.            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.
2.            PARCEL NO. R8266000050.

**IDAHO DEPARTMENT OF WATER RESOURCES**  
**Proof Report**

4/11/2023

- |    |     |                                                                                                                          |
|----|-----|--------------------------------------------------------------------------------------------------------------------------|
| 3. | N11 | The quantity of water decreed for this water right is not a determination of historical beneficial use.                  |
| 4. | J01 | PROPERTY IS ALSO KNOWN AS LOT 7, Sycamore Drive Subdivision.                                                             |
| 5. |     | This water right does not authorize the diversion of a low temperature geothermal resource or other geothermal resource. |

**Dates and Other Information:**

Decreed Date: 2/2/2007  
Civil Case Number: 39576  
Judicial District: FIFTH  
State or Federal: S  
Water District Number: 63S  
Mitigation Plan: False

**Combined Use Limits:**

N/A

**SubCase:**

SubCaseNumber: 63-2697A  
Class: 1  
SF5 Filed Date:  
Special Master Recom Signed Date:  
Attorney Assigned:  
Adjudication Agent:  
Basis of Claim: License  
Date Filed: 4/20/2006  
Objection Status: Active

**Water Supply Bank:**

N/A

## Mansfield, Debra

---

**From:** Mansfield, Debra  
**Sent:** Friday, April 7, 2023 11:32 AM  
**To:** taylor.ronni77@gmail.com  
**Subject:** RE: Notice of Change in Water Right Ownership, Water Right No. 63-2697A

Hello Ronni,

I am processing your Notice of Change in Water Right Ownership and I am needing to request copies of two documents you had with you yesterday. I will need a copy of your mother's Death Certificate and that previous deed that you had revised to the new deed.

My apologies Ronni, I should have taken copies when you were in my office yesterday, just in case. If you can't come down here with those copies I can receive them through our submission email. That email address is [file@idwr.idaho.gov](mailto:file@idwr.idaho.gov). Please reference the Water Right number 63-2697A in the email submission. Or you can mail them to me here at:

IDWR WESTERN REGION  
2735 W AIRPORT WAY  
BOISE ID 83705-5082

I do have to place this process on hold until I hear from you or receive the requested documents. Please call me if you need any assistance at (208)334-2190.

P.S. I also left you a voice mail regarding this request at (208)515-4379, please disregard it if this email reaches you first. If I don't hear back from you and/or I haven't received the documentation by next Friday 4/14/2023 I will mail out an official letter from the department requesting this information.

Thank you,

**Debra Mansfield** | Office Specialist II  
IDWR - Western Region  
2735 W Airport Way, Boise ID 83705  
(208) 334-2190 | [Debra.Mansfield@idwr.idaho.gov](mailto:Debra.Mansfield@idwr.idaho.gov)