

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

PLEASE SEE  
ACCOMPANYING  
ADDENDUM  
RECEIVED  
APR 11 2022  
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? |
|-----------------------|------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 65-194                | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 65-13599              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 65-3012               | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 65-13677              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 65-22596              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 65-3025A              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 65-22597              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 65-23061              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 65-13598              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> | 65-23062              | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Jack Mooers  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Kenneth & Sharon Walls Living Trust; Diandra Walls 2007 Irrevocable Trust; Derek Walls 2007 Irrevocable Trust  
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- PO Box 59 Ola ID 83657  
Mailing address City State Zip  
559-630-2610 derekwalls@rocketmail.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: 12-10-2021
6. Do you own the land identified as the water right place of use? Yes ☐ No ☐  
☐ 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):  
☐ \$25 per *undivided* water right.  
☐ \$100 per *split* water right.  
☐ 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: \_\_\_\_\_  
 Signature of new owner/claimant Title, if applicable Date  
 \_\_\_\_\_  
**PLEASE SEE ADDENDUM FOR SIGNATURES**  
 \_\_\_\_\_  
 Print name
- Signature: \_\_\_\_\_  
 Signature of new owner/claimant Title, if applicable Date  
 \_\_\_\_\_  
 Print name

**For IDWR Office Use Only:**

Received by LE Date 04/11/2022 Receipt No. W050313 Receipt Amt. 250.00  
 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 \_\_\_\_\_ Date \_\_\_\_\_

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PO Box 59      Ola      ID      83657  
Mailing address      City      State      Zip  
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SUPPORT DATA  
IN FILE # 65-194

SCANNED

MAY 23 2023

8. Signature: \_\_\_\_\_  
 Signature of new owner/claimant      Title, if applicable      Date  
 \_\_\_\_\_  
 Print name      **PLEASE SEE ADDENDUM FOR SIGNATURES**
- Signature: \_\_\_\_\_  
 Signature of new owner/claimant      Title, if applicable      Date  
 \_\_\_\_\_  
 Print name

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 Name on W-9 \_\_\_\_\_      Approved by DM      Processed by DM      Date 5-23-23