

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED RECEIVED
JAN 08 2024 DEC 20 2023
DEPT OF WATER RESOURCES
SOUTHERN REGION

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?
37-2658 ✓	Yes ☐	Yes ☐	37-7651 ✓	Yes ☐	Yes ☐
37-11428 ✓	Yes ☐	Yes ☐	37-11429 ✓	Yes ☐	Yes ☐
37-11430 ✓	Yes ☐	Yes ☐	37-20570 ✓	Yes ☐	Yes ☐
37-20571 ✓	Yes ☐	Yes ☐	37-20574 ✓	Yes ☐	Yes ☐
37-20577 ✓	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: John I Molyneux and Kristy Molyneux
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Mark Johnson and Jill Johnson, husband and wife
New owner(s) as listed on the conveyance document Name connector ☒ and ☐ or
- 231 Tendoy Street Bellevue ID 83313-5097
Mailing address City State Zip
208-309-5522 jill@silvercreekseed.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.

SUPPORT DATA
IN FILE # 37-2658

8. Signature: Mark Johnson member 12-1-23
Signature of new owner/claimant Title, if applicable Date
Mark Johnson
Print name
- Signature: Jill Johnson member 12/1/23
Signature of new owner/claimant Title, if applicable Date
Jill Johnson
Print name

Received by SG Date 12/20/2023 For IDWR Office Use Only: Receipt No. 5040029 Receipt Amt. \$550.00
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 AM Processed by AM Date 1-10-24

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DEPARTMENT OF WATER RESOURCES

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37-20578 ✓	Yes ☐	Yes ☐	37-20581 ✓	Yes ☐	Yes ☐
37-20584 ✓	Yes ☐	Yes ☐	37-20593 ✓	Yes ☐	Yes ☐
37-22026 ✓	Yes ☐	Yes ☐	37-22028 ✓	Yes ☐	Yes ☐
37-22030 ✓	Yes ☐	Yes ☐	37-2203 2 ✓	Yes ☐	Yes ☐
37-22034 ✓	Yes ☐	Yes ☐	37-22036 ✓	Yes ☐	Yes ☐

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Signature of new owner/claimant Title, if applicable Date
- Mark Johnson
Print name
- Signature: Jill Johnson _____ 12/1/23
Signature of new owner/claimant Title, if applicable Date
- Jill Johnson
Print name

Received by SG Date 12/20/2023 For IDWR Office Use Only: Receipt No. 5040029 Receipt Amt. \$550.00

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 Am Processed by Am Date 1-10-24

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37-22038 ✓	Yes ☐	Yes ☐	37-22040 ✓	Yes ☐	Yes ☐
37-4421B ✓	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

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Signature of new owner/claimant Title, if applicable Date
- Jill Johnson
Print name

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Name on W-9 _____ Approved by DM Processed by DM Date 1-10-24