

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 29 2024

DEPT. 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?
15-4139 <i>OK</i>	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: William D Thorpe

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Flinders Samaria Ranch LC

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

4889 South 4400 West

Malad

ID

83252

Mailing address

City

State

Zip

208-766-3152

spade737@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: November 27 2007

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: *Josh Paskett*

Signature of new owner/claimant

Flinders Samaria Ranch LC by Josh Paskett

Print name

Owner

Title, if applicable

7/25/2024

Date

Signature: *Natalie Paskett*

Signature of new owner/claimant

Flinders Samaria Ranch LC by Natalie Paskett

Print name

Owner

Title, if applicable

7/25/2024

Date

For IDWR Office Use Only:

Received by *JB* Date *7/29/2024*

Receipt No. *E0502163*

Receipt Amt. *\$25.-*

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 *7/30/2024*

NATALIE A. PASKETT
4889 SOUTH 4400 WEST
MALAD CITY, ID 83252

ACCOMMODATION ONLY

Microfilm No. **141890**
27 Day November 2007
At 10:35 O'clock 2 M
Diane Spidner
Oneida Co. Recorder
Fee \$ 6.00 Deputy
Recorded at Request of
Natalie A. Paskett

WARRANTY DEED

NATALIE A. PASKETT AND SOPHIA T. BUTTARS, SUCCESSOR TRUSTEES OF THE FLINDERS FAMILY TRUST, Grantor(s) of MALAD CITY, County of ONEIDA, State of IDAHO, hereby **CONVEY AND WARRANT** to **FLINDERS SAMARIA RANCH, LC**, an Idaho Limited Liability Company, Grantee(s) of MALAD CITY, County of ONEIDA, State of IDAHO, for the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION, the following described tract of land in Oneida County, State of Idaho:

SEE SCHEDULE "A" ATTACHED HERETO

Subject to easements, restrictions and rights of way of record, and taxes for the year 2007 and thereafter.

Witness, the hand(s) of said Grantor(s), this NOVEMBER 27, 2007.

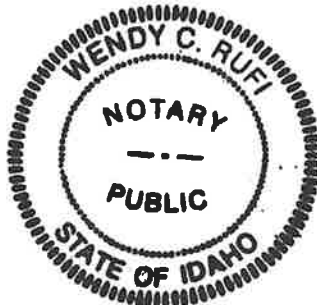
THE FLINDERS FAMILY TRUST

Natalie A. Paskett, Trustee
NATALIE A. PASKETT, TRUSTEE

Sophia T. Buttars, Trustee
SOPHIA T. BUTTARS, TRUSTEE

State of Idaho)
County of Oneida)

On this 27 day of NOVEMBER, 2007, before me, a Notary Public in and for said State, personally appeared NATALIE A. PASKETT AND SOPHIA T. BUTTARS, known to me to be the Trustees of the FLINDERS FAMILY TRUST, and the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same as such Trustees.



Wendy C. Ruff
Notary Public
Residing: Malad City ID
Expires: 2-28-2011

SCHEDULE "A"

BEGINNING AT A POINT 105.04 RODS NORTH OF THE SE CORNER OF SECTION 14, TOWNSHIP 15 SOUTH, RANGE 35 EAST, BOISE MERIDIAN; THENCE WEST 80 RODS TO THE EAST SIDE OF MAIN STREET; THENCE NORTH $1^{\circ}30'$ EAST 41 RODS, MORE OR LESS, ALONG THE EAST SIDE OF MAIN STREET; THENCE SOUTH $80^{\circ}30'$ EAST 17.92 RODS; THENCE NORTH $37^{\circ}00'$ EAST 18.18 RODS; THENCE NORTH 76° WEST 8 RODS; THENCE EAST 57.64 RODS; THENCE SOUTH 54.96 RODS, MORE OR LESS, TO THE POINT OF BEGINNING. (T-803, T-1561, T-1812, T-1264)

TOGETHER WITH ALL WATER AND WATER RIGHTS USED IN CONNECTION THEREWITH OR APPURTENANT THERETO, INCLUDING, BUT NOT LIMITED TO THE SPRING IN THE SW CORNER THEREOF.

When recorded mail to:

NATALIE A. PASKETT
4889 SOUTH 4400 WEST
MALAD CITY, ID 83252

Microfilm No. **141889**
27 Day November 2007
At 10:30 O'clock a M
Quinn Sudmeier
County Clerk Recorder
Fee \$ 12.00 Recorded at Request of Natalie A. Paskett Deputy

AFFIDAVIT AND ACCEPTANCE OF TRUSTEESHIP

Comes now the undersigned **NATALIE A. PASKETT and SOPHIA T. BUTTARS** and being on oath first duly deposes and says:

1. That I am a citizen of the United States of legal age and capacity, and competent to make this affidavit.
2. That I was personally acquainted with the deceased, **THOMAS E. FLINDERS & LINDA A. FLINDERS**.
3. That said deceased is one in the same person as **THOMAS E. FLINDERS AND LINDA A. FLINDERS, TRUSTEES**, listed in that certain document as recorded on **OCTOBER 13, 1995** at Entry No. **122147** in the office of the **ONEIDA County recorder, State of IDAHO**.
4. That the purpose of this affidavit is for **NATALIE A. PASKETT and SOPHIA T. BUTTARS** to accept the Trusteeship of the **FLINDERS FAMILY TRUST** and hereby agree to act as Trustee of said Trust on all the terms, provisions and conditions specified in said Trust.
5. That a certified death certificate of the deceased is hereby attached.

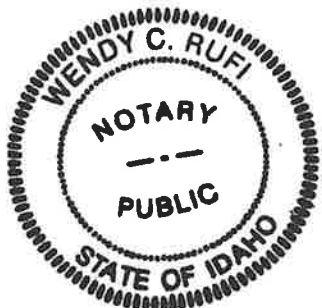
Legal description: SEE ATTACHED SCHEDULE "A"

Natalie A. Paskett
NATALIE A. PASKETT

Sophia T. Buttars
SOPHIA T. BUTTARS

State of IDAHO }
County of ONEIDA } ss:

On NOVEMBER 27, 2007, personally appeared before me **NATALIE A. PASKETT** and **SOPHIA T. BUTTARS** the signer(s) of the within instrument, who duly acknowledged to me that they executed the same.



Wendy C. Ruffi
Notary Public
Residing: Malad City ID
Expiration: 2-28-2011

SCHEDULE "A"

BEGINNING AT A POINT 105.04 RODS NORTH OF THE SE CORNER OF SECTION 14, TOWNSHIP 15 SOUTH, RANGE 35 EAST, BOISE MERIDIAN; THENCE WEST 80 RODS TO THE EAST SIDE OF MAIN STREET; THENCE NORTH $1^{\circ}30'$ EAST 41 RODS, MORE OR LESS, ALONG THE EAST SIDE OF MAIN STREET; THENCE SOUTH $80^{\circ}30'$ EAST 17.92 RODS; THENCE NORTH $37^{\circ}00'$ EAST 18.18 RODS; THENCE NORTH 76° WEST 8 RODS; THENCE EAST 57.64 RODS; THENCE SOUTH 54.96 RODS, MORE OR LESS, TO THE POINT OF BEGINNING. (T-803, T-1561, T-1812, T-1264)

TOGETHER WITH ALL WATER AND WATER RIGHTS USED IN CONNECTION THEREWITH OR APPURTENANT THERETO, INCLUDING, BUT NOT LIMITED TO THE SPRING IN THE SW CORNER THEREOF.

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

141889

USE PERMANENT BLACK INK

LOCAL FILE NUMBER 02-061		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Linda Ann FLINDERS		2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr.) March 18, 2003
4. DATE OF BIRTH (Mo., Day, Yr.) December 17, 1947		5. AGE - Last Birthday 55	6. BIRTHPLACE (City & State or Foreign Country) San Luis Obispo, CA
7a. PLACE OF DEATH (check only) ☐ 1. Inpatient ☐ 2. Outpatient ☐ 3. DOA		7b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 16800 North 6000 West	
8a. CITY, TOWN OR LOCATION OF DEATH Riverside		8b. COUNTY OF DEATH Box Elder	9. SURVIVING SPOUSE (If wife, give maiden name) Thomas Engh Flinders (Deceased)
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☐ 1. Yes ☒ 2. No		11. MARITAL STATUS ☐ 1. Never Married ☐ 3. Widowed ☒ 2. Married ☐ 4. Divorced	
12a. RESIDENCE - STREET AND NUMBER 4889 South 4400 West		12b. CITY, TOWN, OR COMMUNITY Malad City	12c. COUNTY Oneida
13a. INSIDE CITY LIMITS? ☒ 1. Yes ☐ 2. No		13b. ZIP CODE 83252-	13c. STATE Idaho
14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) ☐ 1. Mexican ☐ 2. Cuban ☐ 3. Puerto Rican ☐ 4. Other (Specify)		15. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White	
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (9-12) College (13-16 or 17+) 14		17. FATHER'S NAME (First, Middle, Last) Elbert Claude Jordan	
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Hazel Ramous		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mrs. Natalie A. Paskett Daughter 4895 South 2400 West, Malad City, Idaho 83252-	
20. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removal		21a. DATE OF DISPOSITION March 22, 2003	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Family Property
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Don J. McDaniel</i>		23. LICENSEE NUMBER 98-366524-0902	24. FUNERAL HOME (Name and address) Rogers & Taylor Funeral Home
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 18 Mar 2003		26. If not certified by medical examiner, was death reported to M.E.? ☐ 1. Yes ☒ 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____ Tremonton, Utah 84337-	
27a. CERTIFIER ☒ 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER <i>DellRay Anderson M.D.</i>			
27c. LICENSE NUMBER 174764			
27d. DATE SIGNED (Mo., Day, Yr.) Mar 21, 2003			
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print) DellRay Anderson M.D. 420 W 600 N, Tremonton, UT 84337			
29. REGISTRAR'S SIGNATURE <i>John C. Bailey M</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH Mar. 19, 2003	30b. DATE FILED (Mo., Day, Yr.) Mar. 24, 2003
31. PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Severe Head Trauma DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST PART 2. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1			
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT ☐ 1. Probably contributed to the cause of death. ☐ 5. NON-USER ☐ 2. Was the underlying cause of death. ☐ 6. UNKNOWN IF USER ☐ 3. Did not contribute to the cause of death. ☒ 4. Is unknown in relation to the cause of death.			
33a. DATE OF INJURY (Mo., Day, Yr.) March 18, 2003		33b. TIME OF INJURY (24 Hour Clock) 13:36	33c. INJURY AT WORK? ☐ 1. Yes ☒ 2. No
34. MANNER OF DEATH ☐ 1. Natural ☒ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined ☐ 6. Pending Investigation		35a. LOCATION (Street or rural route number, city or town, county and state) 16800 North 6000 West, Riverside, Utah	
35b. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31). Vehicle lost control on gravel road, vehicle was overcorrected, vehicle rolled - passenger was ejected from vehicle		35c. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Gravel Road	
35d. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. Passenger		35e. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ 1. Yes ☒ 2. No	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

County

Registrar

BEAR RIVER HEALTH DEPT

Barry E Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

By

Laye Parson



LL 1154934

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

141889

USE PERMANENT BLACK INK

LOCAL FILE NUMBER 02-060		STATE FILE NUMBER	
1. NAME OF DECEDENT FIRST MIDDLE LAST Thomas Engh FLINDERS		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) March 18, 2003
4. DATE OF BIRTH (Mo., Day, Yr.) June 18, 1947		5. AGE - Last Birthday 55	6. BIRTHPLACE (City & State or Foreign Country) Salt Lake City, Utah
7. SOCIAL SECURITY NUMBER		8. TIME OF DEATH (24 hr. clock) 14:44 PM	
9a. PLACE OF DEATH (check only one) ☐ 1. Inpatient ☐ 2. ER/Outpatient ☐ 3. DOA		9b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) Bear River Valley Hospital	
10. CITY, TOWN OR LOCATION OF DEATH Tremonton		11. COUNTY OF DEATH Box Elder	
12. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? ☐ 1. Yes ☒ 2. No		13. SURVIVING SPOUSE (if wife, give maiden name) Linda Ann Johnson (Deceased)	
14. MARITAL STATUS ☐ 1. Never Married ☒ 2. Married ☐ 3. Widowed ☐ 4. Divorced		15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Real Estate Broker	
16. RESIDENCE - STREET AND NUMBER 4889 South 4400 West		17. CITY, TOWN, OR COMMUNITY Malad City	
18. ZIP CODE 83252-		19. COUNTY Oneida	
20. INSIDE CITY LIMITS ☒ 1. Yes ☐ 2. No		21. RACE - Black, White, Am. Indian (tribe may be entered), Japanese, etc. (Specify) White	
22. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify) ☐ 1. Mexican ☐ 2. Cuban ☐ 3. Puerto Rican ☐ 4. Other (Specify)		23. EDUCATION (specify only highest grade completed) Elementary or Secondary (9-12) College (13-15 or 17+) 16	
24. FATHER'S NAME (First, Middle, Last) George Truman Flinders		25. MAIDEN NAME OF MOTHER (First, Middle, Last) Elizabeth Louise Engh	
26. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Mrs. Natalie A. Paskett Daughter 4895 South 2400 West, Malad City, Idaho 83252-			
27. METHOD OF DISPOSITION ☐ 1. Entombment ☐ 2. Donation ☐ 3. Other ☒ 4. Burial ☐ 5. Cremation ☐ 6. Removed		28. DATE OF DISPOSITION Mar 22, 2003	
29. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Family Property		30. LOCATION - City or Town, State Rural Box Elder County	
31. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>		32. LICENSEE NUMBER 98-366524-0902	
33. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 14 March 2003		34. FUNERAL HOME (Name and address) Rogers & Taylor Funeral Home	
35. IF NOT CERTIFIED BY MEDICAL EXAMINER, was death reported to M.E.? (if yes, enter the date and hour reported) ☐ 1. Yes ☒ 2. No		36. M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
37. CERTIFIER ☒ 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.		38. DATE SIGNED (Mo., Day, Yr.) Mar 21, 2003	
39. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		40. LICENSE NUMBER 174764	
41. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type Print) DellRay Anderson M.D. 420 W 600 N, Tremonton, UT 84337		42. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
43. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.) Mar. 19, 2003		44. DATE FILED (Mo., Day, Yr.) Mar. 24, 2003	
45. PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Head and Chest Trauma DUE TO (OR AS A CONSEQUENCE OF):			
b. _____ DUE TO (OR AS A CONSEQUENCE OF):			
c. _____ DUE TO (OR AS A CONSEQUENCE OF):			
d. _____ DUE TO (OR AS A CONSEQUENCE OF):			
PART 2 Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1			
46. MANNER OF DEATH ☐ 1. Natural ☐ 2. Accident ☐ 3. Suicide ☐ 4. Homicide ☐ 5. Undetermined if Injured Purposely or Accidentally ☐ 6. Pending Investigation		47. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT ☐ 1. Probably contributed to the cause of death. ☐ 5. NON-USER ☐ 2. Was the underlying cause of death. ☐ 6. UNKNOWN IF USER ☐ 3. Did not contribute to the cause of death. ☒ 4. Is unknown in relation to the cause of death.	
48. DATE OF INJURY (Mo., Day, Yr.) March 18, 2003		49. TIME OF INJURY (24 Hour Clock) 13:36	
50. INJURY AT WORK? ☐ 1. Yes ☒ 2. No		51. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Gravel Road	
52. LOCATION (Street or rural route number, city or town, county and state) 16800 North 600 West, Riverside, Utah		53. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian. Driver	
54. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31). Vehicle lost control on gravel road, vehicle was overcorrected, vehicle rolled - passenger was ejected from vehicle			

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

County
BEAR RIVER HEALTH DEPT

Registrar

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *[Signature]*

LL 1154948



* 0 1 1 5 4 9 4 8 *

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOID THIS CERTIFICATION.



122197
13 October 95
3:15 P.
Charles Blairdell
Fee \$ 3.00
Recorded at Request of
G. L. Scott

WARRANTY DEED

For Value Received, DOUG ATKINSON and KATHY ATKINSON, husband and wife, the Grantors do hereby grant, bargain, sell and convey unto THOMAS E. FLINDERS and LINDA A. FLINDERS, Trustees of the Flinders Family Trust, whose current address is 5850 North Old Ranch Road, Park City, Utah, 84060, the Grantees, the following described premises in Oneida County, Idaho, to-wit:

Beginning at a point 105.04 rods North of the SE Corner of Section 14, Township 15 South, Range 35 East, Boise Meridian; thence West 80 rods to the East side of Main Street; thence North 1°30' East 41 rods, more or less, along the East side of Main Street; thence South 80°30' East 17.92 rods; thence North 37°00' East 18.18 rods; thence North 76° West 8 rods; thence East 57.64 rods; thence South 54.96 rods, more or less, to the point of beginning.

(T-803, T-1561, T-1812, T-1264)

Together with all water and water rights used in connection therewith or appurtenant thereto, including, but not limited to the spring in the SW corner thereof.

Reserving to Grantors the right to keep and maintain their dairy animals in the wire fenced area in the SW portion of said premises until April 15, 1996 and they agree to maintain the fences surrounding such area.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their successors and assigns forever, and the said Grantors do hereby covenant to and with the said Grantees that they are the owners in fee simple of said premises; that they are free from all encumbrances and that they will Warrant and Defend the same from all lawful claims.

Dated October 13, 1995

Douglas Atkinson
DOUG ATKINSON

Kathy Atkinson
KATHY ATKINSON

STATE OF IDAHO
COUNTY OF ONEIDA,

SS

On this 13th day of October, 1995, before me, a Notary Public in and for said State, personally appeared DOUG ATKINSON and KATHY ATKINSON, known to me to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same.

WARRANTY DEED

For Value Received

KURT GRONAU and EVELYN LILLIAN GRONAU, husband and wife

the grantors, do hereby grant, bargain, sell and convey unto

DOUG ATKINSON

whose current address is

the grantee, the following described premises, in Oneida County Idaho, to wit

Beginning at a point 105.04 rods North of the Southeast Corner of Section 14, Township 15 South, Range 35 East, Boise Meridian; thence West 80 rods to the East side of Main Street; thence North 1°30' East 41 rods, more or less, along the East side of Main Street; thence South 80°30' East 17.92 rods; thence North 37°30' East 18.18 rods; thence North 76° West 8 rods; thence East 57.64 rods; thence South 54.96 rods, more or less, to the point of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, his heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantee, that they are the owners in fee simple of said premises; that they are free from all incumbrances and that they will warrant and defend the same from all lawful claims.

Dated: July 21, 1994.

X Kurt Gronau
KURT GRONAU
X Evelyn Lillian Gronau
EVELYN LILLIAN GRONAU

STATE OF IDAHO, COUNTY OF ONEIDA

On this 21st day of July, 1994, before me, a Notary Public in and for said State, personally appeared

KURT GRONAU and EVELYN LILLIAN GRONAU

known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

Mr. William

Notary Public

Residing at Malad City
Comm. Expires 5-6-97

120686

Microfilm No

21 Day July 1994

At Malad City, Idaho

Oneida Co. Recorder

Fee \$ 3 Deputy

Recorded at Request of

Doug Atkinson

Microfilm No. **113500**
Date Dec 28 1987
At 11:30 O'clock AM
John X. Fredericks
Oneida Co. Recorder
Fee \$ 6.00 Recorded at Request of Deputy
Robert J. Hansen

WARRANTY DEED

For Value Received,

SAMUEL GRANT THORPE, DOUGLAS THORPE, GLORIA DANIELS and BILLIE ANN CHRISTENSEN, married persons dealing with their sole and separate property, the Grantors, do hereby grant, bargain, sell and convey unto KURT GRANT and EVELYN LILLIAN GRANT, husband and wife, Samaria, Oneida County, Idaho, the Grantees, the following described premises, located in Oneida County, State of Idaho, to-wit:

Located in Oneida County, State of Idaho and more particularly described as follows:

Beginning at a point 105.04 rods North of the Southeast Corner of Section 14, Township 15 South, Range 35 East, Boise Meridian;
thence West 80 rods, to the East side of Main Street;
thence North 1°30' East 41 rods, more or less, along the East side of Main Street;
thence South 80°30' East 17.92 rods;
thence North 37°30' East 18.18 rods;
thence North 76° West 8 rods;
thence East 57.64 rods;
thence South 54.96 rods to the place of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises; that they are free from all encumbrances and that they will warrant and defend the same from all lawful claims whatsoever.

DATED this 28th day of December, 1987.

Samuel Grant Thorpe
SAMUEL GRANT THORPE
Douglas Thorpe
DOUGLAS THORPE

WARRANTY DEED
3632X

Gloria Daniels
GLORIA DANIELS

Billie Ann Christensen
BILLIE ANN CHRISTENSEN

STATE OF IDAHO)
County of *Camden*) ss

On this 22 day of December, 1987, before me the undersigned Notary Public appeared SAMUEL GRANT THORPE, DOUGLAS THORPE, GLORIA DANIELS and BILLIE ANN CHRISTENSEN, married persons dealing with their sold and separate property, known to me to be the persons whose names are subscribed to the foregoing instrument and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

James H. Thompson
NOTARY PUBLIC FOR IDAHO
Residing at: *1100 S. 1st St.*
Commission expires: *2/17/93*

(SEAL)

Microfilm No. 113514
30th Dec 1935
At 10:35 O'clock
Jesse L. Funderburg
Onida Co. Recorder
Fee \$ 2.00
Recorded at Request of
O. H. H. H.

East
37°3
North
East
54.9
begi

W. O. H. H. H.
W. O. H. H. H.
W. O. H. H. H.
W. O. H. H. H.
W. O. H. H. H.

W. O. H. H. H.

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF THE

STATE OF IDAHO, IN AND FOR THE COUNTY OF ONEIDA

EMIL GRANT THORPE, DOUGLAS
THORPE, GEORGE DANIELS and
BROOKLYN CHRISTENSEN

Case No. 7-851

Plaintiffs,

DECREE TO QUIET TITLE

vs.
ALL UNKNOWN OWNERS AND CLAIMANTS
AND THEIR HEIRS AND DEVISEES
AND THE HEIRS AND DEVISEES OF
MARY D. DAVIS; ELIZABETH W.
THORPE; SAMUEL MEMOT THORPE
AND J. NABELLE THORPE; WILFORD M.
THORPE AND HATHAM THORPE; MAX
EMIL FLEISHER; G. P. MECKE
THORPE; GEORGE THORPE, deceased
Wife of Samuel Grant Thorpe,
AND ALL OTHER UNKNOWN HEIRS AND
DEVISEES AND UNKNOWN OWNERS AND
CLAIMANTS OF THE PROPERTY
DESCRIBED AS FOLLOWS:

Located in Oneida County, State
of Idaho and more particularly
described as follows:

Beginning at a point 105.04 rods
North of the Southeast Corner of
Section 14, Township 15 South,
Range 35 East, Boise Meridian;
thence West 80 rods, to the East
side of Main Street; thence
North 1°30' East 41 rods, more
or less, along the East side of
Main Street; thence South 80°30'

on th
L. H
furtl
Defer
AND 1

serve
previ

made
and a
satis
alleg
praye

in th
OWNERS
all o
each
claim

DECRE
31977

DECREE TO QUIET TITLE
31977

Page 1

Defendants, or either of them, are hereby adjudged and decreed to be invalid and groundless.

2. That the Plaintiffs be and are hereby declared and adjudged to be the true and lawful owners of the land described in the Complaint, and hereinafter described, and every part and parcel thereof, and that their title thereto is adjudged to be quieted against all other claims, demands or pretensions of the Defendants or either of them, said premises are described as follows:

Situated in Oneida County, State of Idaho and more particularly described as:

Beginning at a point 105.04 rods North of the Southeast Corner of Section 14, Township 15 South, Range 35 East, Boise Meridian; thence West 80 rods, to the East side of Main Street; thence North 1°30' East 41 rods, more or less, along the West side of Main Street; thence South 80°30' East 17.92 rods; thence North 37°30' East 18.18 rods; thence North 76° East 8 rods; thence East 57.64 rods; thence South 54.96 rods to the place of beginning.

DATED this 21 day of December, 1987.

William H. Woodland
WILLIAM H. WOODLAND
District Judge

DECREE TO QUIET TITLE
3197X

East 17.92 rods; thence North)
37°30' East 18.18 rods; thence)
North 76° West 8 rods; thence)
East 57.64 rods; thence South)
54.96 rods to the place of)
beginning.)

Defendants.)

THE ABOVE ENTITLED ACTION came on regularly for hearing on the 21st day of December 1987, before the Court. Don L. Harding appearing as Attorney for Plaintiffs and it furthermore appearing to the satisfaction of the Court that the Defendants, ALL UNKNOWN OWNERS AND CLAIMANTS AND THEIR HERIS AND DEVISEES IN AND TO THE ABOVE DESCRIBED PROPERTY, were duly served by publication, pursuant to Order of this Court previously made; and

IT FURTHERMORE APPEARING That no appearance has been made and no answer filed by the said Defendants named above, and a Default having been duly entered and Court being satisfied from evidence presented in Open Court that the allegations of the Complaint are true and that the relief prayed for should be granted.

THE COURT HEREBY DOES ORDER, ADJUDGE AND DECREE:

1. That the Plaintiffs have a Judgment, as prayed for in their Complaint herein against the Defendants, ALL UNKNOWN OWNERS AND CLAIMANTS AND THEIR HERIS AND DEVISEES, and each and all of them; that all adverse claims of these Defendants, and each of them, and all other unknown persons claiming or to claim said premises, or any part thereof, through or under said

Water Right Report : 15-4139(Statutory Claim/Active)

Water Right Owners

Owner Type	Name	Address	City	State	Postal Code
Current Owner	THORPE, S GRANT		SAMARIA	ID	83252
Current Owner	THORPE, WILLIAM D		SAMARIA	ID	83252

Water Right Status

Priority Date : 4/1/1900
Basis : Statutory Claim
Status : Active

Water Source

Source	Source Qualifier	Tributary	Tributary Qualifier
THORPE SPRINGS		MALAD RIVER	

Points Of Diversion (Location)

Source	Township	Range	Section	Govt. Lot	QQQ	QQ	Q	County	Diversion Type
THORPE SPRINGS	15S	35E	14	0		NE	SE	ONEIDA	

Water Uses

Beneficial Use	From	To	Diversion Rate	Volume
IRRIGATION	4/01	11/01	2.00 CFS	
TOTAL			2.00 CFS	

Places of Use

Place of Use Legal Description : IRRIGATION (ONEIDA county)

Township	Range	Section	Lot	QQQ	QQ	Q	Acres
15S	35E	14		NE	SE	23	

Irrigation Totals

Total Acres Acre Limit
23.00

Dates

Licensed Date :
Decreed Date :
Permit Proof Due Date :
Permit Proof Made Date :
Permit Approved Date :
Permit Moratorium Expiration Date :
Enlargement Use Priority Date :
Enlargement Statute Priority Date :
Application Received Date:
Protest Deadline Date:

Other Information

State or Federal :
Water District Number : NWD
Generic Max Rate Per Acre : 0
Generic Max Volume Per Acre : 0
Civil Case Number :
Decree Plaintiff :
Decree Defendant :
Swan Falls Trust or Nontrust :
Swan Falls Dismissed :
DLE Act Number :
Cary Act Number :
Mitigation Plan: False

State of Idaho
Department of Water Resources
Water Right

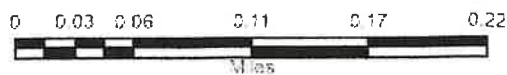
15-4139

IRRIGATION

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



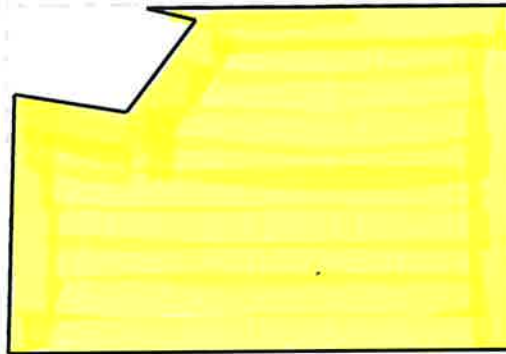
Date created: 7/10/2024



Legend

- Quarter Quarters
- PLS Sections
- Townships
- Place of Use Boundary
- Point of Diversion





141890 The Flinders Family Trust To Flinders Samaria Ranch LC

7/29/2024

Scale: 1 inch= 500 feet

File: 15-4139

Tract 1: 24.8229 Acres, Closure: n28.1313e 10.73 ft. (1/427), Perimeter=4582 ft.

01 /se,14,15s,35e

02 /n00e 105.04r

03 n90w 80r

04 n1.30e 41r

05 s80.30e 17.92r

06 n37.30e 18.18r

07 n76w 8r

08 n90e 57.64r

09 s00e 54.96r



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 Mathew Weaver

July 30, 2024

FLINDERS SAMARIA RANCH LC
4895 S 4400 W
MALAD CITY ID 83252-6546

Re: Change in Ownership for Water Right No(s): 15-4139

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 Bailly
Technical Records Specialist 1

Enclosure(s)