

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 01 2024

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPT. OF WATER RESOURCES
EASTERN 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, of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
27-7048	Yes ☐	Yes ☐	25-7561	Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Ryan Reibaur - deceased

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Vicki L. Reibaur

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

Mailing address

City

State

Zip

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):

- ☒ \$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: Vicki L. Reibaur

Signature of new owner/claimant

Title, if applicable

Date

Print name

Signature: _____

Signature of new owner/claimant

Title, if applicable

Date

Print name

Received by JB

Date

7/1/2024Receipt No. E050196Receipt 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 _____

Processed by _____

Date _____

Refund Requested 8/6/2024
Returned Unprocessed.

Lindsey R. Romankiw, ISB #8438
CAREY ROMANKIW, PLLC
477 Shoup Avenue, Ste. 203
Idaho Falls, Idaho 83402
Telephone: (208) 525-2604
Facsimile: (208) 525-8813
LRR@careyromankiw.com

Instrument # 1681373
Bonneville County, Idaho Falls, Idaho
04/08/2021 10:38:13 AM No. of Pages: 1
Recorded for: VICKI NEIBAUR
Penny Manning Fee: \$10.00
Ex-Officio Recorder Deputy
Index to: LETTER TESTAMENTARY

RU

Attorneys for Personal Representative

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNEVILLE
MAGISTRATE DIVISION

IN THE MATTER OF THE ESTATE OF

Probate No. CV10-19-7513

RYAN RALPH NEIBAUR,

LETTERS TESTAMENTARY

Deceased.

1. VICKI L. NEIBAUR was duly appointed and qualified as general personal representative of the estate of the above-named decedent, by the court.

2. Administration of the estate is unsupervised.

3. These Letters are issued to evidence the appointment, qualification, and authority of the said personal representative.

WITNESS, my signature and the Seal of this court this _____ day of

Signed: 12/2/2019 11:06 AM

, 2019.

STATE OF IDAHO } ss
COUNTY OF BONNEVILLE }
I HEREBY CERTIFY that above and foregoing
is a full and correct copy of the original thereof,
on file in my office. Signed: 12/2/2019 03:16 PM
DATED
Penny Manning
PENNY MANNING, CLERK OF THE DISTRICT
By: *[Signature]*
Deputy



[Signature]
Magistrate



LETTERS TESTAMENTARY - 1

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
State of Idaho
CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF POSITIVE EVIDENCE OF THIS DEATH UNDER §§ 20-201 AND § 20-202, IDAHO CODE

Local Reg. No. _____

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) RYAN RALPH NEIBAUR 2. SEX MALE 3. SOCIAL SECURITY NUMBER _____ 4a. AGE-Last Birthday 70 (Years) 4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____ 4c. UNDER 1 DAY Hours _____ Minutes _____ Seconds _____ 5. DATE OF BIRTH (Mo/Day/Yr) 07/04/1949 6. BIRTHPLACE (City and State, Territory, or Foreign Country) ST. ANTHONY, IDAHO 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY BONNEVILLE 7c. CITY OR TOWN IDAHO FALLS 7d. STREET AND NUMBER 1650 CLAREMONT LANE 7e. APT. NO. 83404 7f. ZIP CODE 83404 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) VICKI LYNN RAY 10. EVER IN U.S. ARMED FORCES? ☒ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) WARREN NEIBAUR 11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARVA RICHARDS 12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 13a. INFORMANT'S NAME (Type or print) VICKI LYNN NEIBAUR 13b. RELATIONSHIP TO DECEDENT WIFE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1650 CLAREMONT LANE IDAHO FALLS, ID 83404 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) EAGLE ROCK CREMATORY 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY WOOD FUNERAL HOME 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: NICOLE KELLER 17b. LICENSE NUMBER (Of licensee) M1441 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No 19a. IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL _____ 20. FACILITY NAME (If not facility, give street and number) THE GABLES OF IDAHO FALLS 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE IDAHO FALLS, ID 83401 22. COUNTY OF DEATH BONNEVILLE 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 15, 2019 24. TIME OF DEATH (24hr) 21:22 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 15, 2019 26. TIME PRONOUNCED DEAD (24hr) 21:22 27. CAUSE OF DEATH Approximate Time Interval: Onset to Death _____ MONTHS _____ YEARS PART I. Enter the chain of events - illnesses, 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: a. CHRONIC KIDNEY DISEASE - STAGE 5 DUE TO (or as a consequence of) _____ b. CHRONIC KIDNEY DISEASE - STAGES 1-4 DUE TO (or as a consequence of) _____ c. _____ DUE TO (or as a consequence of) _____ d. _____ 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 10-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 30a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 30b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ 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) _____ 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 _____ Street and Number or Location _____ Apartment Number _____ 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 TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____ 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Seal belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? _____ 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 O-00311 39c. DATE SIGNED 11 / 18 / 2019 MM DD YYYY Signature and Title of Certifier ELECTRONICALLY SIGNED: BOYD K. SOUTHWICK, D.O. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) BOYD K. SOUTHWICK, 3614 WASHINGTON PARKWAY IDAHO FALLS, ID 83404 40a. REGISTRAR'S SIGNATURE James B. Galtte 40b. DATE SIGNED 11 / 19 / 2019 MM DD YYYY
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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

DATE ISSUED: November 20, 2019

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

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 0 0 1 2 4 7 8 8 3 *

STATE OF IDAHO County of Bonneville

This copy of a death certificate was issued by
the District Health Department on behalf of the
Bureau of Vital Records & Health Statistics.

Lucy Cortaneda
Local Vital Statistics Registration Official



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

August 6, 2024

VICKI L NEIBAUR
1650 CLAREMONT LN
IDAHO FALLS ID 83404

RE: Change in Ownership Water Right No. 27-7048, 25-7561

Dear Sir/Madam:

The Department of Water Resources acknowledges receipt of your Notice of Change in Water Right Ownership on July 1, 2024, for the above-mentioned water rights. After an initial review we determined that you needed to provide additional information and/or fees. On July 3, 2024, we sent a letter requesting the additional information and/or fees (copy enclosed). The additional information was to be provided within 30 days.

IDWR has never received a response to the request for additional information. Without the requested documents, we cannot verify ownership of the water right and cannot complete the ownership change. We are therefore returning your original application unprocessed. Because the department is returning your application you are entitled to a full refund. The department has initiated the refund, and it should arrive from the state office in couple of weeks.

Please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact the Department if you have any questions.

Sincerely,

Jonie Baily
Technical Records Specialist

Baily, Jonie

From: Baily, Jonie
Sent: Tuesday, August 6, 2024 12:26 PM
To: IdwrPayable
Subject: Refund Request
Attachments: Receipt

Good afternoon!

I have a refund request as follows:

Receipt number: E050196
Amount: \$25.00
Payable to: VL Neibaur Farms LLC
1650 Claremont Ln
Idaho Falls ID 83404

Reason: Ownership Change was submitted for 2 water rights. Additional information required, requested July 3, since there was no response within 30 days the application is being returned unprocessed. Therefore, the applicant is entitled to a full refund.

Let me know if you have any questions or need additional information. Have a great day!!!

 IDAHO DEPARTMENT OF
WATER RESOURCES
Jonie Baily | Technical Records Specialist
900 N Skyline Drive Ste. A, Idaho Falls, ID 83402
Phone number: (208) 525-7161
Fax number: (208) 525-7177
Email: jonie.baily@idwr.idaho.gov
Website: www.idwr.idaho.gov



IDAHO DEPARTMENT OF
WATER RESOURCES

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

Governor Brad Little

Director Mathew Weaver

July 3, 2024

VICKIL NEIBAUR
1650 CLAREMONT LN
IDAHO FALLS ID 83404

RE: Change in Ownership Water Right No. 27-7048, 25-7561

Dear Sir/Madam:

The Department of Water Resources acknowledges receipt of your Notice of Change in Water Right Ownership.

Our review of your notice indicates that additional information is required before we can process the change. The information required is indicated below:

****** Evidence of Ownership:** In order for the department to update ownership of a water right a copy of the 'recorded' Warranty Deed or other legal document indicating your ownership in the water right and/or property is required. Please provide evidence of ownership. Unfortunately, the water rights listed above are only in the name of Ryan Neibaur therefore a copy of the deed going into either Ryan and Vicki Neibaur is required or a copy of the deed from Ryan Neibaur (or the estate) into Vicki L Neibaur will be required. Also, the filing fee for this application will be \$25.00 per water right. The department received \$25.00. However, because there are two water rights the filing fee will be \$50.00 per water right.

****** Additional Review/Evidence of Ownership/Fees:** Please note during my review it appears that maybe some of the property may have been sold. Please review the information and maps attached to determine if you need to update the ownership for both the water rights and if you are entitled to the entire water right or only portion.

According to the Bingham County Parcel map, water right 27-7048 is appurtenant to property that is currently owned by Steven Nickolas Pew and Carilyn Pew (map attached).

Water right 25-7561 appears to be in several different property owners, including Adam and Brooke Neibaur, Jeff and Whitney Trosper, The Mark and Linda Staats Living Trust, Lavrador-Boersig Trust and VL Neibaur Family Farms.

The filing fee for a split water right is \$100.00 per water right. Also, per Idaho Code in order for the department to update ownership for a water right on someone else's property notice to the property owner is required and/or copies of the recorded deeds showing the water rights were specifically withheld from the sale.

After reviewing the information attached, please submit the required evidence of ownership, fees etc or inform the department on how you wish to proceed with this ownership change. Certified copies of the death certificate are not required; therefore, we have made a copy of the death certificate for our file, but are returning the certified copy to you.

Because the Department cannot process the ownership change without proper documentation/fees, we will hold any action on your notice pending receipt of the necessary information/fees. If we do not receive the necessary information/fees within 30 days we will return your notice and all attachments and your notice will not be processed.

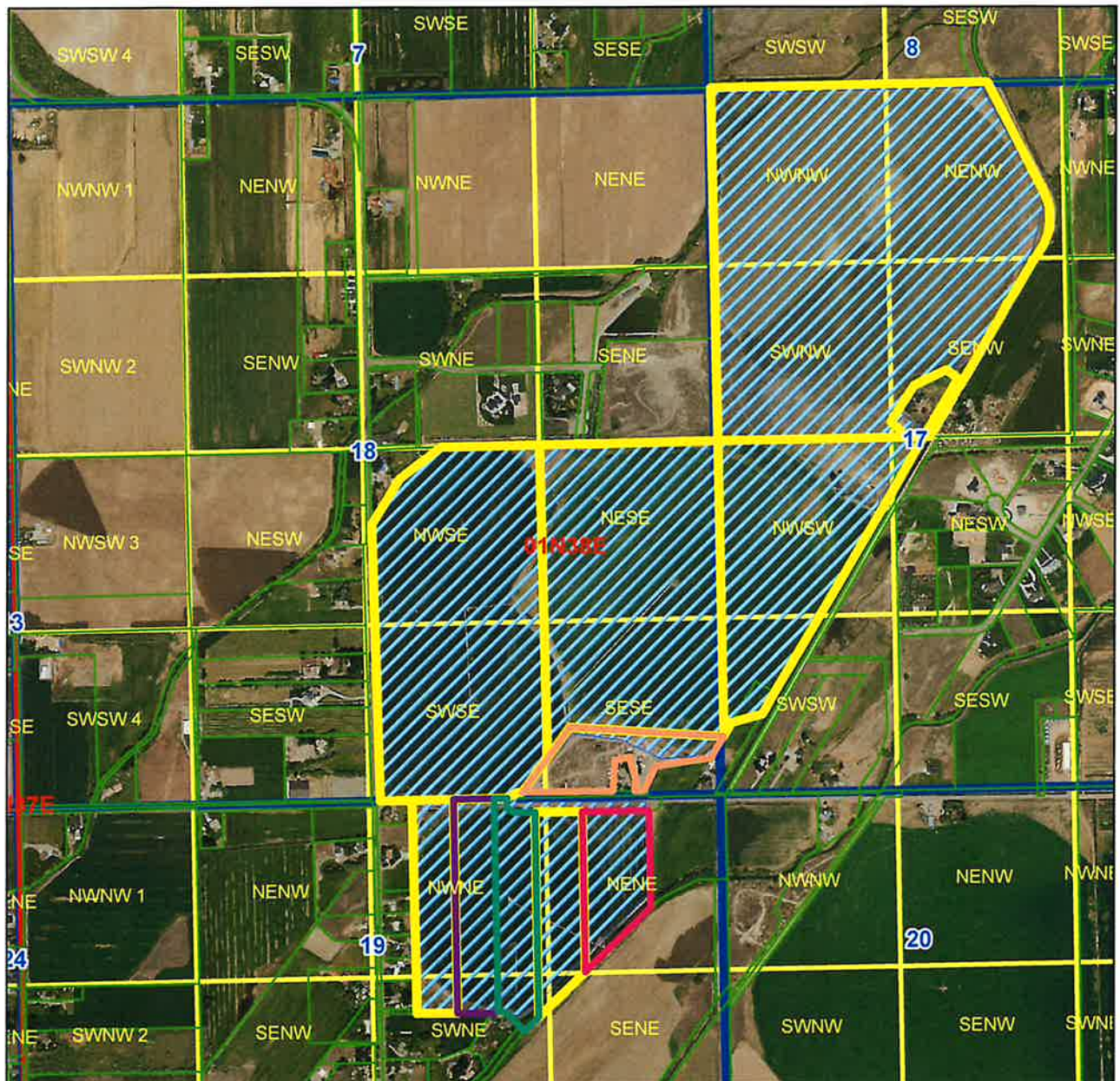
Please note that Section 42-248, Idaho Code, requires you or the owner of this water right to maintain current ownership and address records on file with the department. Forms to file a change of ownership of a water right and/or a change in the address of the water right owner are available from any department office, or at the department's website at: www.idwr.idaho.gov.

Please feel free to contact the Department if you have any questions.

Sincerely,

Jonie Baily
Technical Records Specialist

Idaho Department of Water Resources



Legend

- Adam and Brooke Neibaur
- Jeff and Whitney Troster
- The Mark and Linda Staats Living Trust
- Lavrador-Boersig Trust
- VL Neibaur Farms LLC
- 25-7561 POU
- Parcels
- Township/Range
- Sections

Idaho Department of Water Resources



Legend

-  27-7048 POU
-  Parcels
-  Township/Range
-  Sections
-  QQ