

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 04 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, 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?
35-128990K	Yes ☐	Yes ☐		Yes ☐	Yes ☐
35-4000 OK	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Dorothy Woods
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Nancy Woods
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
2857 W Hwy 39 Aberdeen ID 83210
Mailing address City State Zip
208-317-3391 nancyida@protonmail.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: Dec 9, 2016
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: Nancy Woods 10-4-24
Signature of new owner/claimant Title, if applicable Date
Nancy Woods
Print name

Signature: _____
Signature of new owner/claimant Title, if applicable Date
Print name

For IDWR Office Use Only:
 Received by M. Pelti Date 10-4-24 Receipt No. E050405 Receipt Amt. 50.00
 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 JB Processed by JB Date 10/4/2024

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 9th day of December ,

2016 (year),

by first party, Grantor,

Nancy Adkins

whose post office address is

2857 W Highway 39, Aberdeen, ID 83210

to second party, Grantee,

Nancy Ida Woods

whose post office address is

2857 W Highway 39, Aberdeen, ID 83210

WITNESSETH, That the said first party, for good consideration and for the sum of
one Dollars (\$1.00) paid by the said second party, the receipt whereof
is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party
forever, all the right, title, interest and claim which the said first party has in and to the following
described parcel of land, and improvements and appurtenances thereto in the County of

Bingham , State of Idaho to wit:

T6S R31E Sec 29 SENW and SWNE Lying E. of HWY NO 39 MH0069500
A.K.A. parcel number RP0069500

Page 1 of 2.

[Signatures on following page.]


Initials of First Party

AHAAZBZT

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Annette Campau
Signature of Witness

Annette Campau
Print name of Witness

Jessica Lopez
Signature of Witness

Jessica Lopez
Print name of Witness

Nancy Adkins
Signature of First Party, Grantor

Nancy Adkins
Print name of First Party

Signature of First Party, Grantor

Print name of First Party

STATE OF
COUNTY OF

}

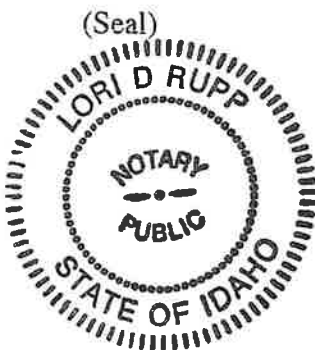
On _____ before me,
appeared

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Lori D. Rupp
Signature of Notary
Res. des: Aberdeen
Exp. 12-6-18

Affiant _____ Known ☒ Produced ID
Type of ID ID DL ID Divorce Degree



Nancy Ida Woods
Signature of Preparer
Nancy Ida Woods
Print Name of Preparer
2851 Hwy 39 Aberdeen ID 83210
Address of Preparer

e1/A
Initials of First Party

Ames

**PERSONAL REPRESENTATIVE'S
DEED OF DISTRIBUTION**

THIS DEED, made by NANCY ADKINS and JUDY TEIGELER as
Co-Personal Representatives of the ESTATE OF DOROTHY RAE WOODS, deceased,
"Grantors", to NANCY ADKINS "Grantee", whose address is 2857 W. Hwy. 39,
Aberdeen, Idaho 83210,

WITNESSETH:

WHEREAS, Grantors are the duly-appointed and qualified Co-Personal
Representatives of said estate, filed as Probate No. CV- 2013-1352, in Bingham
County, Idaho; and

WHEREAS, Grantee is entitled to distribution of the hereinafter described
real property from the estate;

THEREFORE, for valuable consideration received, Grantors convey and
release to Grantee the following described real property located in Bingham County,
Idaho:

Township 6 South, Range 31 East, Boise Meridian, Bingham County, ID.
Section 29: That part of the SE $\frac{1}{4}$ NW $\frac{1}{4}$ and SW $\frac{1}{4}$ NE $\frac{1}{4}$ lying East of State
Highway #39.

Together with all ditches, ditch rights, water and water rights pertaining
thereto.

TOGETHER WITH all and singular the tenements, hereditaments and
appurtenances thereunto belonging or in anywise appertaining, and the reversion and
reversions, remainder and remainders, and rents, issues and profits thereof;

TO HAVE AND TO HOLD, all and singular, the said premises, together
with the appurtenances, unto the said Grantee and to her successors and assigns forever.

In construing this Deed and where the context so requires, the singular
includes the plural.

IN WITNESS WHEREOF, the said Grantors have hereunto set their hands
the day and year first above written.

DATED this 15th day of July, 2013.

ESTATE OF DOROTHY RAE WOODS

By Nancy Adkins
Nancy Adkins, Co-Personal Representative

By Judy Teigeler
Judy Teigeler, Co-Personal Representative

STATE OF IDAHO)
) ss.
County of Bonneville)

On this 15th day of July, 2013, before me,
Larry S. Larson, a Notary Public in and for said State, personally
appeared NANCY ADKINS, known or identified to me to be the person whose name is
subscribed to the within instrument as a personal representative of the ESTATE OF
DOROTHY RAE WOODS, and acknowledged to me that she 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.



[Signature]
Notary Public for Idaho
Residing at: Idaho Falls
My Commission Expires: 6/1/2015

STATE OF ^{IDAHO} MONTANA)
) ss.
County of Bonanza)

On this 15th day of July, 2013, before me,
Larry S. Larson, a Notary Public in and for said State, personally
appeared JUDY TEIGELER, known or identified to me to be the person whose name is
subscribed to the within instrument as a personal representative of the ESTATE OF
DOROTHY RAE WOODS, and acknowledged to me that she 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.



Larry S. Larson
Notary Public for ~~Montana~~ Idaho
Residing at: Idaho Falls
My Commission Expires: 6/1/2015

651478

HOPKINS RODEN CROCKETT
HANSEN & HOOPES, PLLC
Lary S. Larson, ISB#2600
428 Park Avenue
P.O. Box 51219
Idaho Falls, Idaho 83405
Telephone: 208-523-4445
Attorneys for Co-Personal Representatives



Instrument # 651477

BINGHAM COUNTY

7-26-2013 10:17:07 No. of Pages: 1

Recorded for : 26565 HOPKINS RODEN CROCKETT

SARA J. STAUB

Fee: 10.00

Ex-Officio Recorder Deputy

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

IN THE MATTER OF THE ESTATE OF

DOROTHY RAE WOODS,

Deceased.

Probate No.

CV. 2013. 1352

LETTERS TESTAMENTARY

1. NANCY ADKINS and JUDY TEIGELER were duly appointed and qualified as general co-personal representatives 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 representatives.

WITNESS, my signature and the Seal of this court this 19th day of

July, 2013.

SCOTT H. HANSEN

Magistrate

LETTERS TESTAMENTARY - 1

• 651477

20194677

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2013-04237

05/08/2013

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL, SHALL BE USED AS PROOF OF THIS DEATH UNDER §§ 14-114 AND 14-274, IDAHO CODE

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DOROTHY RAE WOODS		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday 76 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 05/01/1936	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) PUYALLUP, WASHINGTON			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BINGHAM	
	7c. CITY OR TOWN ABERDEEN		7d. STREET AND NUMBER 2857 W. HWY 39	
PARENTS FOR INSTRUCTIONS SEE HANDBOOKS	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)	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) IOWA	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) MONTANA			
	12a. FATHER'S NAME (First, Middle, Last, Suffix) ORVILLE VINSON BOWERS		12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) NANCY IDA FRALICK	
	13a. INFORMANT'S NAME (Type or print) NANCY ADKINS		13b. RELATIONSHIP TO DECEDENT DAUGHTER	
DISPOSITION FOR INSTRUCTIONS SEE HANDBOOKS	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) ABERDEEN CEMETERY ABERDEEN, IDAHO 83210	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY DAVIS-ROSE MORTUARY 170 IDAHO ST. P.O. BOX 413 AMERICAN FALLS, IDAHO 83211-0413			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MATTHEW J. ROSE		17b. LICENSE NUMBER (Of licensee) M1026	
	18. WAS CORNER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
PLACE OF DEATH FOR INSTRUCTIONS SEE HANDBOOKS	20. FACILITY NAME (If not facility, give street and number) POWER COUNTY HOSPITAL DISTRICT		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE AMERICAN FALLS, ID 83211	
	22. COUNTY OF DEATH POWER			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 30, 2013		24. TIME OF DEATH (24hr) 17:14	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 30, 2013		26. TIME PRONOUNCED DEAD (24hr) 17:14	
	27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. ACUTE MYOCARDIAL INFARCTION 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): Approximate Interval: Onset to Death 1 HOUR			
DATE OF DEATH FOR INSTRUCTIONS SEE HANDBOOKS	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No			
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. 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	
	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)	
CAUSE OF DEATH FOR INSTRUCTIONS SEE HANDBOOKS	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 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s)/manner stated. ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		39b. LICENSE NUMBER O-00331	
Signature and Title of Certifier → BRET A. TIMMONS, D.O.		39c. DATE SIGNED 5 / 7 / 2013 MM DD YYYY		
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) BRET A. TIMMONS, 502 TYHEE STREET AMERICAN FALLS, ID 83211			
	40a. REGISTRAR'S SIGNATURE <i>James B. Galt</i>		40b. DATE SIGNED 5 / 8 / 2013 MM DD YYYY	

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: **MAY 08 2013**

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

James B. Galt
JAMES B. AYDELOTTE
STATE REGISTRAR

COUNTY: When recorded mail to:
Title Financial Specialty Services
PO Box 339
Blackfoot, ID 83221
20-0342

Nancy Ida Woods
2857 W. Hwy 39
Aberdeen, ID 83210

instrument # 714593
BINGHAM COUNTY
2-4-2020 02:11:28 PM No. of Pages: 1
Recorded for : 42886 TITLE FINANCIAL SPECIALTY
PAMELA W. ECKHARDT Fee: 15.00
Ex-Officio Recorder Deputy 

DEED OF RECONVEYANCE

First American Title Company, Trustee in the Deed of Trust executed by Nancy Ida Woods, an unmarried person, recorded 5/21/2018, as Instrument No. 697089, Mortgage records of Bingham County, Idaho, pursuant to the written request of the Beneficiary, does hereby GRANT and RECONVEY unto the PARTIES ENTITLED THERETO, without warranty, all the estate and interest derived to it by or through said Deed of Trust, in the lands therein described.

The corporate name subscribed hereto is pursuant to a resolution authorizing the execution of this reconveyance duly adopted by its Board of Directors.

DATED 1/27/2020

First American Title Company, Inc.

By: 
Shauna Romrell, Its Assistant Secretary

STATE OF IDAHO, County of Bingham ss:

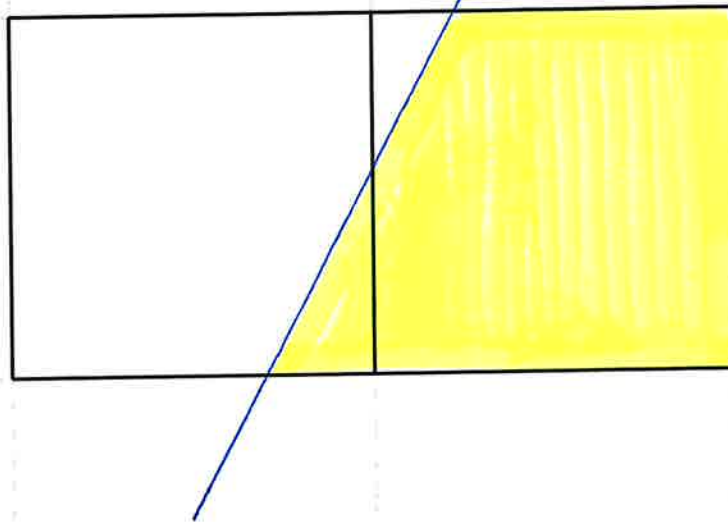
On this 27th day of, January 2020, before me, a Notary Public in and for said State, personally appeared Shauna Romrell, known or identified to me to be the Assistant Secretary of First American Title Company, Inc., who executed the instrument on behalf of said Corporation, and acknowledged to me that said Corporation executed the same.




Notary Public
Residing at: Blackfoot, ID

714593

Section 29, T6S, R31E SE NW and SW NE lying East of Hwy
39 Parcel number RP0069500



10/4/2024

Scale: 1 inch= 700 feet

File: 35-4000 35-12879

Tract 1: 40.0000 Acres, Closure: n00.0000e 0.00 ft. (1/999999), Perimeter=5280 ft.
Tract 2: 40.0000 Acres, Closure: n00.0000e 0.00 ft. (1/999999), Perimeter=5280 ft.

01 /ne,se,nw,29,6s,31e
02 s0w 1320.00
03 s90w 1320.00
04 n0e 1320.00
05 n90e 1320.00
06 @0
07 /ne,sw,ne,29,6s,31e
08 s0w 1320.00
09 s90w 1320.00

10 n0e 1320.00
11 n90e 1320.00



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

October 04, 2024

NANCY IDA WOODS
2857 W HIGHWAY 39
ABERDEEN ID 83210-1800

Re: Change in Ownership for Water Right No(s): 35-4000, 35-12879

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 Baily
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 120
ABERDEEN AMERICAN FALLS GROUND WATER DISTRICT