

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 01 2024

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Department 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?
35-2120 <i>OK</i>	Yes ☒	Yes ☐		Yes ☐	Yes ☐
<i>35-2120</i>	Yes ☐	Yes ☐		Yes ☐	Yes ☐
<i>35-2120 35-14879</i>	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Peter Thurston
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Kathy Climer
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 927 S 1950 W Springfield ID 83277
Mailing address City State Zip
- 208-681-2588 kkaye48@yahoo.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 ☐
☐ 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: *Kathy Joyce Climer* 1 Oct 24
Signature of new owner/claimant Title, if applicable Date
- Print name _____
- Signature: _____
Signature of new owner/claimant Title, if applicable Date
- Print name _____

For IDWR Office Use Only: *Water rights were not withheld*

Received by JB Date 10/2/2024 Receipt No. E050395 Receipt Amt. \$100. - on Deed

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 10/3/2024

10/2/2024 Checked fiche for a map. There was not a better map so we used the POE as recorded on ARCMAP for the water right

RECORDING REQUESTED BY
First American Title Company

555382

BLACKFOOT, IDAHO
FILE 6th DEP HW

AND WHEN RECORDED MAIL TO:
First American Title Company
168 West Pacific
Blackfoot, ID 83221

2005 JUL -6 AM 11:20

RECORDED AT THE REQUEST OF

FIRST AMERICAN TITLE COMPANY

Space Above This Line for Recorder's Use Only

WARRANTY DEED

File No.: **112590-B (Id)**

Date: **July 06, 2005**

For Value Received, **Peter M. Thurston, an unmarried man**, hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto **James E. Climer and Kathy K. Climer, husband and wife**, hereinafter called the Grantee, whose current address is **1748 Sidney Ave., Port Orchard, WA 98366**, the following described premises, situated in **Bingham County, Idaho**, to-wit:

A PORTION OF THE SW¹/₄NE¹/₄ OF SECTION 23, TOWNSHIP 4 SOUTH, RANGE 32 E.B.M., BINGHAM COUNTY, IDAHO, DESCRIBED AS: BEGINNING AT A POINT THAT IS N. 00°08'11" W. 1324.65 FEET ALONG THE MERIDIONAL CENTER LINE OF SAID SECTION 23, AND S. 89°58'01" E. 43.83 FEET TO A POINT IN A FENCE LINE ON THE EAST SIDE OF A COUNTY ROAD BEING THE TRUE POINT OF BEGINNING, ALL FROM THE CENTER QUARTER CORNER OF SAID SECTION 23, AND RUNNING THENCE S. 89°58'01" E. 711.91 FEET ALONG THE NORTH LINE OF THE SW¹/₄NE¹/₄; THENCE ALONG THE CENTER LINE OF AN IRRIGATION DITCH THE NEXT TWELVE (12) CALLS: S. 24°17'03" W. 279.07 FEET; THENCE S. 25°47'52" W. 257.93 FEET; THENCE S. 33°28'25" W. 84.96 FEET; THENCE S. 49°28'11" W. 157.48 FEET; THENCE S. 45°01'42" W. 110.18 FEET; THENCE S. 48°15'21" W. 161.54 FEET; THENCE S. 23°56'29" W. 54.28 FEET; THENCE S. 03°38'42" W. 255.68 FEET; THENCE S. 11°19'51" W. 36.39 FEET; THENCE S. 25°28'15" W. 54.33 FEET; THENCE S. 32°20'14" W. 89.57 FEET; THENCE S. 47°21'11" W. 20.39 FEET, MORE OR LESS, TO THE LATITUDINAL CENTERLINE OF SAID SECTION 23, THE CENTER QUARTER CORNER BEARS N. 89°56'44" W. 28.82 FEET FROM SAID POINT; THENCE N. 00°30'46" E. 1324.70 FEET ALONG SAID FENCE LINE ON THE EAST SIDE OF A COUNTY ROAD TO THE POINT OF BEGINNING.

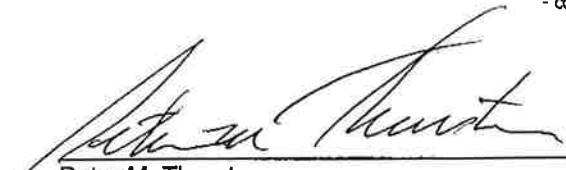
SUBJECT TO all easements, right of ways, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

TO HAVE AND TO HOLD the said premises, with its appurtenances, unto the said Grantee, and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U.S. Patent reservations, restrictions, easements of record and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

Date: 07/06/2005

Warranty Deed
- continued

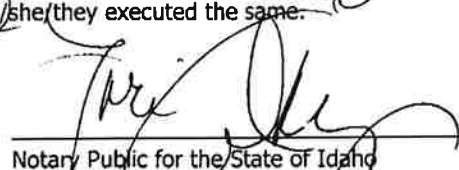
File No.: 112590-B (Id)


Peter M. Thurston

STATE OF Idaho)
ss.
COUNTY OF Bingham)

On this **Sixth day of July, 2005**, before me, a Notary Public in and for said State, personally appeared **Peter M. Thurston**, known or identified to me 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.




Notary Public for the State of Idaho
Residing at Blackfoot, Idaho
My Commission Expires: 10/21/2009

555382

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE

BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

DECEDENT TYPE OF PRINT IN PERMANENT BLACK INK, DO NOT USE PENCIL OR PENS FOR INSTRUCTIONS SEE HANDBOOKS		1. DECEDENT'S LEGAL NAME (Include All of any First, Middle, Last, Suffix) JAMES EARL CLIMER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
4a. AGE Last Birthday 81 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____		5. DATE OF BIRTH (Day/Month/Year) 09/17/1941	
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BINGHAM		7c. CITY OR TOWN SPRINGFIELD	
7d. STREET AND NUMBER 927 S 1950 W		7e. APT. NO. 83277		7f. 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) KATHY K MCFARLAND			
10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) LEONARD CLIMER		11b. BIRTHPLACE (State, Territory, or Foreign Country) TEXAS	
		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) AMANDA BROOKS		12b. BIRTHPLACE (State, Territory, or Foreign Country) TEXAS	
13a. INFORMANT'S NAME (Type or print) KATHY K CLIMER		13b. RELATIONSHIP TO DECEDENT SPOUSE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 927 S 1950 W, SPRINGFIELD, ID 83277	
14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from state ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) IDAHO STATE VETERANS CEMETERY - BLACKFOOT 2245 CROMWELL LN BLACKFOOT, IDAHO 83221		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BLAKE LANE HAWKER		17b. LICENSE NUMBER (Of licensee) M1309		17c. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
18a. IF DEATH OCCURRED IN A HOSPITAL ☐ Inpatient ☒ Outpatient ☐ Outpatient facility ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify) _____		18b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL BINGHAM MEMORIAL HOSPITAL			
19a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE BLACKFOOT, ID 83221		19b. COUNTY OF DEATH BINGHAM			
20. DATE OF DEATH (Month/Day/Year) (Specify month) October 24, 2022		21. TIME OF DEATH (24hr) 14:57		22. DATE ANNOUNCED DEAD (Month/Day/Year) (Specify month) October 24, 2022	
23. TIME ANNOUNCED DEAD (24hr) 14:57		24. CAUSE OF DEATH PART I. Enter the (chain of events) - disease, injury, 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) → CARDIOPULMONARY ARREST DUE TO (or as a consequence of): MYOCARDIAL INFARCTION DUE TO (or as a consequence of): DUE TO (or as a consequence of):			
25. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		26. IF FEMALE (Aged 10-54) ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		27a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No	
27b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No		28. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined		29. INJURY AT WORK? ☐ Yes ☒ No	
30. DATE OF INJURY (Month/Day/Year) (Specify month) [REDACTED]		31. TIME OF INJURY (24hr) [REDACTED]		32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, street, etc.) [REDACTED]	
33. LOCATION OF INJURY Street and Number or Location [REDACTED]		State: _____ Day: _____ County: _____ Zip Code: _____		34. DESCRIBE HOW INJURY OCCURRED; IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) [REDACTED]	
35. TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____		36. WAS DECEDENT ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) _____		37. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
38. 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 (cause) shown on this certificate. - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the (cause) shown on this certificate.		39. SIGNATURE AND TITLE OF CERTIFIER ELECTRONICALLY SIGNED: KRISTOPHER R. SHANNON, M.D. KRISTOPHER R. SHANNON, 98 POPLAR STREET BLACKFOOT, ID 83221		40. LICENSE NUMBER M-16351	
41. SIGNATURE AND TITLE OF REGISTRAR JAMES B. AYDELOTTE STATE REGISTRAR		42. DATE SIGNED 11 / 14 / 2022 MM DD YYYY		43. DATE SIGNED 11 / 18 / 2022 MM DD YYYY	



This is a true and correct reproduction of the document on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

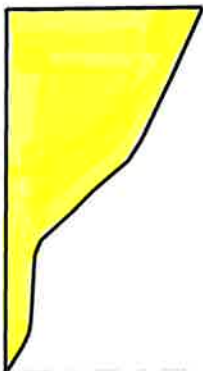
DATE ISSUED: November 21, 2022

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

James B. Aydelotte
 JAMES B. AYDELOTTE
 STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





555382 Peter Thurston To James E & Kathy K Climer

8/15/2024

Scale: 1 inch= 700 feet

File: 35-2120

Tract 1: 10.3030 Acres, Closure: s43.3917w 0.01 ft. (1/305021), Perimeter=3598 ft.

01 /sw,ne,23,4s,32e
02 /n00.0811w 1324.65
03 /s89.5801e 43.83
04 s89.5801e 711.91
05 s24.1703w 279.07
06 s25.4752w 257.93
07 s33.2825w 84.96
08 s49.2811w 157.48
09 s45.0142w 110.18
10 s48.1521w 161.54
11 s23.5629w 54.28

12 s03.3842w 255.68
13 s11.1951w 36.39
14 s25.2815w 54.33
15 s32.2014w 89.57
16 s47.2111w 20.39
17 n00.3046e 1324.70



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 03, 2024

KATHY CLIMER
927 S 1950 W
SPRINGFIELD ID 83277-4709

Re: Change in Water Right Ownership: 35-2120 (Split into 35-2120 and 35-14879)

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of a portion of the above referenced water right(s) to you. The Department has modified its records based on the information received and has enclosed a computer-generated report for you.

Your portion of each water right(s) has a specified point of diversion, nature of use and place of use. If you plan to change the authorized point of diversion, nature of use, or place of use, including adding a new point of diversion, you must file an Application for Transfer of Water Right. If you do not plan to change any elements of your water right, then no further action is required at this time.

The portion of the water right retained by the original right holder retains the original water right number. The Department is sending the original right holder a copy of this letter and a computer-generated report showing the changes to the original water right.

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)

cc: PETER THURSTON
WATER DISTRICT 120
ABERDEEN AMERICAN FALLS GROUND WATER DISTRICT
ec: PIONEER TITLE-IDAHO FALLS