

RECEIVED

AUG 04 2023

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDepartment 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?
25-2170	Yes ☐	Yes ☐		Yes ☐	Yes ☐
25-2169	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name:

JoAnn Lance
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

LTS Farms LLC Inc.
New owner(s) as listed on the conveyance documentName connector ☐ and ☐ or603 N 3100 E
Mailing addressMenan
CityId
State83434
Zip208-390-8459
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:

- x3 ☒ 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. x2 = \$50
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 # 25-2169

8. Signature:

Signature of new owner/claimant

Title, if applicable

Date

Trevor Lance
Print name

- Signature:

Signature of new owner/claimant

Title, if applicable

Date

Candace Sheppard
Print name

Received by

Date

JB 8/4/2023

For IDWR Office Use Only:

Receipt No.

E049405

Receipt Amt.

\$50. -

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

Returned, Refund Requested

SWAFFORD LAW, P.C.

Ronald L. Swafford, Esq., Bar No. 1657
R. James Archibald, Esq., Bar No. 4445
Trevor L. Castleton, Esq., Bar No. 5809
Larren K. Covert, Esq., Bar No. 7217
525 Ninth Street
Idaho Falls ID 83404
Telephone (208) 524-4002
Facsimile (208) 524-4131

DISTRICT COURT
MAGISTRATE DIVISION
BONNEVILLE COUNTY, IDAHO
16 JAN 25 AM 9:33

Attorney for Applicant

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

In the Matter of the Estate of

JOANN LANCE,

Deceased.

Case No. CV-2015-310

**SECOND LETTERS
TESTAMENTARY**

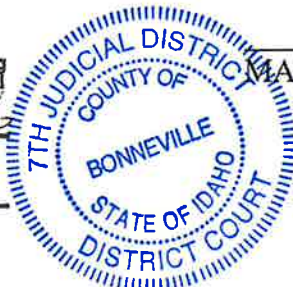
Brett Lance and Candace Lance are duly appointed and qualified as co-Personal Representative of the estate of the above named decedent by the Court with all authority pertaining thereto.

Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the said personal representative or special administrator.

WITNESS, my signature and the Seal of this Court, this 25 day of January, 2016.

STATE OF IDAHO }
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.
Dated 2-23-16
RONALD LONGMORE
Clerk of the District Court
By RB
Deputy Clerk



RM Swafford

MAGISTRATE JUDGE

RECEIVED

JAN 19 2016

Per _____

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, BEARING REAL SEAL, SHALL BE USED AS PROOF OF THIS DEATH FOR PURPOSES OF THIS DEPARTMENT'S REGISTRATION AND VITALS, TOWN CODE.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JOANN EDITH LANCE		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER 	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday 75 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		4c. UNDER 1 DAY Hours Minutes	
	5. DATE OF BIRTH (Mo/Day/Yr) 05/27/1939		6. BIRTHPLACE (City and State, Territory, or Foreign Country) UNINCORPORATED, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BONNEVILLE		7c. CITY OR TOWN IDAHO FALLS	
	7d. STREET AND NUMBER 6767 NORTH 15TH EAST		7e. APT., NO. 		7f. ZIP CODE 83401	
	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) JACK ANTHONY LANCE			
PARENTS	10. EVER IN U.S. ☒ YES ☐ NO		11a. FATHER'S NAME (First, Middle, Last, Suffix) LEON FREDERICK QUALMAN		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ALTA ZINA ROSDAHL		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		12c. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
INFORMANT	13a. INFORMANT'S NAME (Type or print) JACK LANCE		13b. RELATIONSHIP TO DECEDENT HUSBAND		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 6767 NORTH 15TH EAST IDAHO FALLS, ID 83401	
DISPOSITION	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) FIELDING MEMORIAL PARK CEMETERY 4600 SOUTH YELLOWSTONE 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: BRIAN T. MCBRIDE		17b. LICENSE NUMBER (Of licensee) M1170		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL:		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:		19c. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	20. FACILITY NAME (If not facility, give street and number) EASTERN IDAHO REGIONAL MEDICAL CENTER		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE IDAHO FALLS, ID 83404		22. COUNTY OF DEATH BONNEVILLE	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 4, 2014		24. TIME OF DEATH (24hr) 06:03		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 4, 2014	
	26. TIME PRONOUNCED DEAD (24hr) 06:03		27. CAUSE OF DEATH			
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.					Approximate Interval Onset to Death THREE HOURS
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUTE RESPIRATORY ACIDOSIS DUE TO (or as a consequence of):					THREE DAYS
CERTIFIER	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. DEMENTIA, ASPIRATION PNEUMONIA					28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown					28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ 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	
REGISTRAR	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____		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.		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 ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
CERTIFIER	39b. LICENSE NUMBER M-09500		39c. DATE SIGNED 10 / 14 / 2014		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JARED C. MORTON, 3100 CHANNING WAY IDAHO FALLS, ID 83404	
	40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 10 / 14 / 2014			

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: October 15, 2014

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



WARRANTY DEED

330597

For Value Received

RLS Investments

the grantor, does hereby grant, bargain, sell, and convey unto

L&S Farms, Inc.

the grantee, whose current address is

P.O. Box 50538, Idaho Falls, Idaho 83405

the following described premises, to-wit:

Township 5 North, Range 37 East of the Boise Meridian, Jefferson County, Idaho.

Section 35: S 1/2 SW 1/4

EXCEPTING THEREFROM: Beginning at a point 550 feet North from the SW Corner of said Section 35 and running thence East 322 feet; thence N13°49'E 800 feet, more or less to the North line of the SW 1/4 of the SW 1/4; thence West along the 16th line 513 feet, more or less to the NW Corner of said SW 1/4 of the SW 1/4, thence South along the Section line 777 feet, more or less to the point of beginning.

ALSO EXCEPTING THEREFROM: Beginning at a point 550 feet North and 322 feet East of the SW Corner of said Section 35; thence N13°49'E 800 feet, more or less to the North line of the SW 1/4 of the SW 1/4; thence East along the 16th line 220 feet, more or less; thence South 777 feet, more or less thence West 388 feet more or less to the point of beginning.

ALSO EXCEPTING THEREFROM: Beginning at a point 550 feet North of the SW Corner of said Section 35 and running thence East 150 feet; thence South 150 feet; thence West 150 feet; thence North 150 feet to the point of beginning.

ALSO EXCEPTING THEREFROM: Beginning at the SE Corner of the SW 1/4 of said Section 35 and running thence North 820 feet; thence West to the intersection of the Center of an existing ditch; thence in a Southwesterly Direction following the meandering of the East Bank of said ditch to the point of intersection of South line of said Section 35; thence East to the point of beginning.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said grantee, ~~their~~ heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that ~~they~~ the owners in fee simple of said premises; that said premises are free from all encumbrances except as hereinabove set forth that he will warrant and defend the same from all lawful claims whatsoever.

Dated: 4-21-04

RLS Investments, L.P.

By Roxine Stone, General Ptnr

STATE OF IDAHO, COUNTY OF

On this 21 day of April, 2004
before me, a notary public in and for said State, personally appeared

Roxine Stone

known to me to be the person whose name
subscribed to the within instrument, and acknowledged to
me that *She* executed the same.

P. J. Cook
NOTARY PUBLIC
IDAHO

Residing at *Boise, Idaho* Notary Public
Comm. Expires *4/2007*

330597

Microfilm No. *4-21-04*
At *2:45* O'Clock *P* M
CHRISTINE BOULTER
Jefferson Co. Recorder *3, 286*
Fee \$ *3.00* Deputy
Recorded at Request of *Trevor Lance*

RECEIVED BY
ASSESSOR
For PLATTING
Date *4-21-04* Time *2:45*



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 Gary Spackman

August 25, 2023

L & S FARMS INC
603 N 3100 E
MENAN ID 83434-5072

RE: Water Right Change in Ownership No(s): 25-2169, 25-2170

Dear Interested Parties:

The Idaho Department of Water Resources (Department) received a Notice of Change in Water Right Ownership (Notice) from you on August 4, 2023, for the above referenced water rights. The Notice could not be processed because the ownership change was revised and refiled under a different owner.

The Department is returning your Notice of Change in Water Right Ownership Permit and the attachments. A refund of \$50.00 has been requested and will be mailed to <PAYER> under separate cover from the Idaho State Controller's Office. You may re-submit your request with the appropriate documents and fees.

If you have any questions regarding this matter, please contact me at (208) 497-3787.

Sincerely,

Jonie Baily
Technical Records Specialist 1

Enclosure(s)

cc: 5-L LLC

Baily, Jonie

From: Baily, Jonie
Sent: Friday, August 25, 2023 10:44 AM
To: IdwrPayable
Subject: Refund Request
Attachments: Receipt

Good morning!

I have a refund request as follows:

Receipt number: E049405
Amount: \$50.00
Payable to: 5 – L LLC
3758 E 800 N
RIGBY ID 83442

Reason: Ownership Change filed. However, it was amended and the applicant for this ownership will no longer need to file the application. 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.barg@idwr.idaho.gov

Website: www.idwr.idaho.gov



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 Gary Spackman

August 16, 2023

L & S FARMS INC
603 N 3100 E
MENAN ID 83434

RE: Change in Ownership Water Right No. 25-2169, 25-2170

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:** The department spoke to Candace on August 16, 2023. During our review of the water rights and information gathered about the property it appears JoAnn Lance nor Alta Qualman ever owned the property associated with these two water rights, but they did file a claim for the water rights. Ultimately, the water rights were decreed in the name of JoAnn Lance, therefore she is the legal owner of the water rights. As Candace and I discussed we need a deed for the water rights only from the JoAnn Lance Estate to L & S Farms Inc. She indicated she will work on getting that deed complete. That will clear up the issues with property ownership vs water right ownership. Further it appears some parcels have been sold. Per Idaho code those property owners will need to be notified the ownership change has been filed. Please send them correspondence notifying them that the application has been filed. Then we need a copy of the letter sent to them for our records. I have attached a copy of the portion of Idaho Code regarding ownership changes for water rights to this letter for your reference.

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 Bailly
Technical Records Specialist
Enclosure(s)