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RECEIVED

JAN 17 2023

Idaho Department of Water Resources

Department of Water Resources
Eastern Region

January 10, 2023

Hello,

We are owners of Water Right 35-13519. This Water Right was established under the names of Stuart Johnson, Russell Johnson and Mary Ann Johnson. Since that time my Father, Stuart Johnson has passed away, in 1999. I talked to Jonie Barg recently and she asked for a copy of his death certificate and signatures requesting his name be removed from the Water Right. I have enclosed a copy of the death certificate and request the names on the Water Right be changed to Russell D Johnson and Mary Ann Johnson.

Thank you,

Russell D Johnson



Mary Ann Johnson



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE CENTER FOR VITAL STATISTICS AND HEALTH POLICY State of Idaho

CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PROOF FACT.
EVIDENCE OF THIS DEATH UNDER IDAHO CODE 23-2401 & 23-27.

State File No. _____
Local Reg. No. 16

DECEDENT	DECEDENT — NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Month, Day, Year)
	Stuart		Paul		Johnson				Male	January 31, 1999
	SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yr.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (City and State or Foreign Country)		
			76			August 13, 1922		Blackfoot, Idaho		
PARENTS	WAS DECEDENT EVER IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one)		HOSPITAL		OTHER			
	Yes ☒ No ☐		(1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA		(4) ☒ Long-Term Care Facility (5) ☐ Own Residence		(6) ☐ Other Private Residence (7) ☐ Other (Specify)			
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number)		CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH					
	Bingham Memorial Extended Care, 98 Poplar		Blackfoot		Bingham					
INFORMANT	MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS / INDUSTRY			
	Widower		(deceased)		Farmer		Own farm			
	RESIDENCE STATE		COUNTY	CITY, TOWN OR LOCATION	STREET AND NUMBER		ZIP CODE			
	Idaho		Bingham	Moreland	199 North 725 West		83256			
DISPOSITION	INSIDE CITY LIMITS		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — if yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE — American Indian, Black, Japanese, White, etc. (Specify)		15. DECEDENT'S EDUCATION (Specify only highest grade completed)			
	Yes ☐ No ☒		No		White		Elementary/Secondary (0-12) College (1-4 or 5+) TWO			
	FATHER — NAME		BIRTHPLACE		MOTHER — FULL MAIDEN NAME		BIRTHPLACE			
	Michael Johnson, Jr.		Utah		Elsie Paskett		Utah			
CAUSE OF DEATH	INFORMANT'S NAME (Type/print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION — City or Town, State	
	Russell Johnson		(son), 1072 West 100 South Blackfoot, Idaho 83221		Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		Groveland Cemetery		Blackfoot, Idaho 83221	
	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		LICENSE NUMBER (If licensed)		NAME AND ADDRESS OF FACILITY		PACKHAM MORTUARY			
	Dean A. Packham		M-601		288 N. Shilling, Blackfoot, ID 83221-2399					
CERTIFIER	TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO CORONER?		MANNER OF DEATH (Check One)			
	6:45 A. M.		January 31, 1999		No ☒ Yes ☐		Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined ☐			
	27. PART I. Enter the disease, 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)		DUE TO (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN CAUSE AND DEATH			
	a. COPD, Chronic Respiratory Failure, CHF						@ 15 years			
TO BE USED FOR EXTERNAL CAUSES ONLY	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
			No ☒ Yes ☐		No ☒ Yes ☐					
	CERTIFIER (Check only one)		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.		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 as stated.					
	SIGNATURE AND TITLE OF CERTIFIER		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)					
CORONER'S REVIEW AREA	Dr. A.E. Miller, Jr., M.D.		9 Airport Road		Blackfoot, Idaho		83221			
	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
	INJURY AT WORK? ☐ Yes ☒ No		IF TRANSPORTATION ACCIDENT, Specify		PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street or Route Number, City/Town, or County, and State)			
	CORONER'S ACTION (Check One)		(1) ☐ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified		CORONER'S SIGNATURE		DATE SIGNED (Month, Day, Year)			
REGISTRAR	REGISTRAR'S SIGNATURE		DATE FILED (Month, Day, Year)							
	Rafael T. J. J.		February 4, 1999							

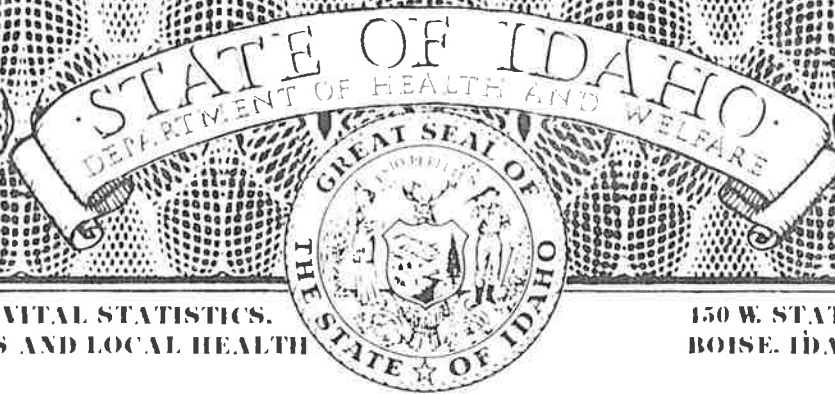
VITAL STATISTICS COPY

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: February 4, 1999

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

JANE S. SMITH
STATE REGISTRAR



BUREAU OF VITAL STATISTICS,
STANDARDS AND LOCAL HEALTH
SERVICES

150 W. STATE ST.
BOISE, IDAHO 83720

CERTIFICATE OF DEATH

DATE FILED: JUNE 11, 1985

STATE FILE NUMBER: 85-02871

DECEDENT: AFTON DANCE JOHNSON

DATE OF DEATH: MAY 29, 1985

PLACE OF DEATH: IDAHO FALLS, IDAHO

DATE OF BIRTH: FEB. 02, 1925

PLACE OF BIRTH: IDAHO

AGE: 60 YEARS

SEX: FEMALE

CITIZENSHIP: UNITED STATES

VETERAN? NO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: STUART PAUL JOHNSON

SOCIAL SECURITY NUMBER:

RESIDENCE: BLACKFOOT, IDAHO

FATHER: LEROY DANCE

MOTHER: LILLIE NOACK

MORTUARY: PACKHAM MORTUARY

BLACKFOOT, ID

CERTIFIER: CLARK E. JAYNES, MD

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIAC ARREST

CEREBRAL VASCULAR ACCIDENT

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

Recording: #335949
6/20/85 (P)

DATE ISSUED: JUNE 13, 1985

This is to certify that this is a true and correct reproduction or abstract of the official record
filed with the Idaho Department of Health & Welfare, Boise, Idaho.

See Biggs, R.N.

BEE BIGGS, R.N. State Registrar

DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED SEAL OF IDAHO
DEPT. OF HEALTH & WELFARE CLEARLY AFFIXED.
Section 49-274, Idaho Code

DEPARTMENT OF HEALTH AND WELFARE

33353



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

January 25, 2023

RUSSELL JOHNSON
MARY ANN JOHNSON
1072 W 100 S
BLACKFOOT ID 83221

Re: Change in Ownership for Water Right No(s): 35-13519

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 Barg
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 120
BINGHAM GROUND WATER DISTRICT



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

January 18, 2023

RUSSELL JOHNSON
1072 W 100 S
BLACKFOOT, ID 83221

RE: Change in Ownership Water Right No. 35-13519

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 acknowledges receipt of your letter requesting we remove Russell Johnson from the water right listed above, along with the letter a death certificate was enclosed. However, the death certificate received was for Afton Dance Johnson. Please supply the death certificate for Russell Johnson.

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 Barg
Technical Records Specialist

Enclosure(s)