

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
MAR 29 2023
Department 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?
32-4058	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: Lewis and Louise Newman, L2 LTD Partnership, L3 LTD Partnership

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): L2 LTD Partnership and L3 LTD Partnership

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

2990 N 800 E

Montevieu

ID

83435

Mailing address

City

State

Zip

208 681 2536

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):
- 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: [Signature] Partner 3-29-23
- 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: No fee required.

Received by _____ Date _____ Receipt No. _____ Receipt Amt. _____

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 3/30/2023

IDAHO DEPARTMENT OF WATER RESOURCES

WATER RIGHT REPORT

3/29/2023

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report

WATER RIGHT NO. 32-4058

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	LEWIS LA VAR NEWMAN
Current Owner	LOUISE J NEWMAN 2943 N 800 E MONTEVIEW, ID 83435-5069 2086572366
Current Owner	L2 LTD PARTNERSHIP 2990 N 800 E MONTEVIEW, ID 83435-5068 2086572366
Current Owner	L3 LTD PARTNERSHIP C/O LANE NEWMAN 2943 N 800 E MONTEVIEW, ID 83435 (208) 657-2252

Priority Date: 07/01/1953

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u>	<u>To</u>	<u>Diversion Rate</u>	<u>Volume</u>
STOCKWATER	1/01	12/31	0.16 CFS	
DOMESTIC	1/01	12/31	0.08 CFS	
Total Diversion			0.16 CFS	

Location of Point(s) of Diversion:

GROUND WATER|SWNW|Sec. 11|Township 08N|Range 32E|JEFFERSON County

Place(s) of use:

Place of Use Legal Description: STOCKWATER JEFFERSON County

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>
08N	32E	11		SWNW										

Place of Use Legal Description: DOMESTIC JEFFERSON County

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>	<u>Lot</u>	<u>Tract</u>	<u>Acres</u>
08N	32E	11		SWNW										

Conditions of Approval:

1. C18 THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.
2. STOCKWATER, 2800 CATTLE.

Dates:

Licensed Date:

Decreed Date: 10/27/2000

Enlargement Use Priority Date:

Enlargement Statute Priority Date:

Water Supply Bank Enrollment Date Accepted:

Water Supply Bank Enrollment Date Removed:

Application Received Date:

Protest Deadline Date:

Number of Protests: 0

Other Information:

State or Federal: S

Owner Name Connector: AND

Water District Number: 110

Generic Max Rate per Acre:

Generic Max Volume per Acre:

Civil Case Number:

Old Case Number:

Decree Plaintiff:

Decree Defendant:

Swan Falls Trust or Nontrust:

Swan Falls Dismissed:

DLE Act Number:

Cary Act Number:

Mitigation Plan: False

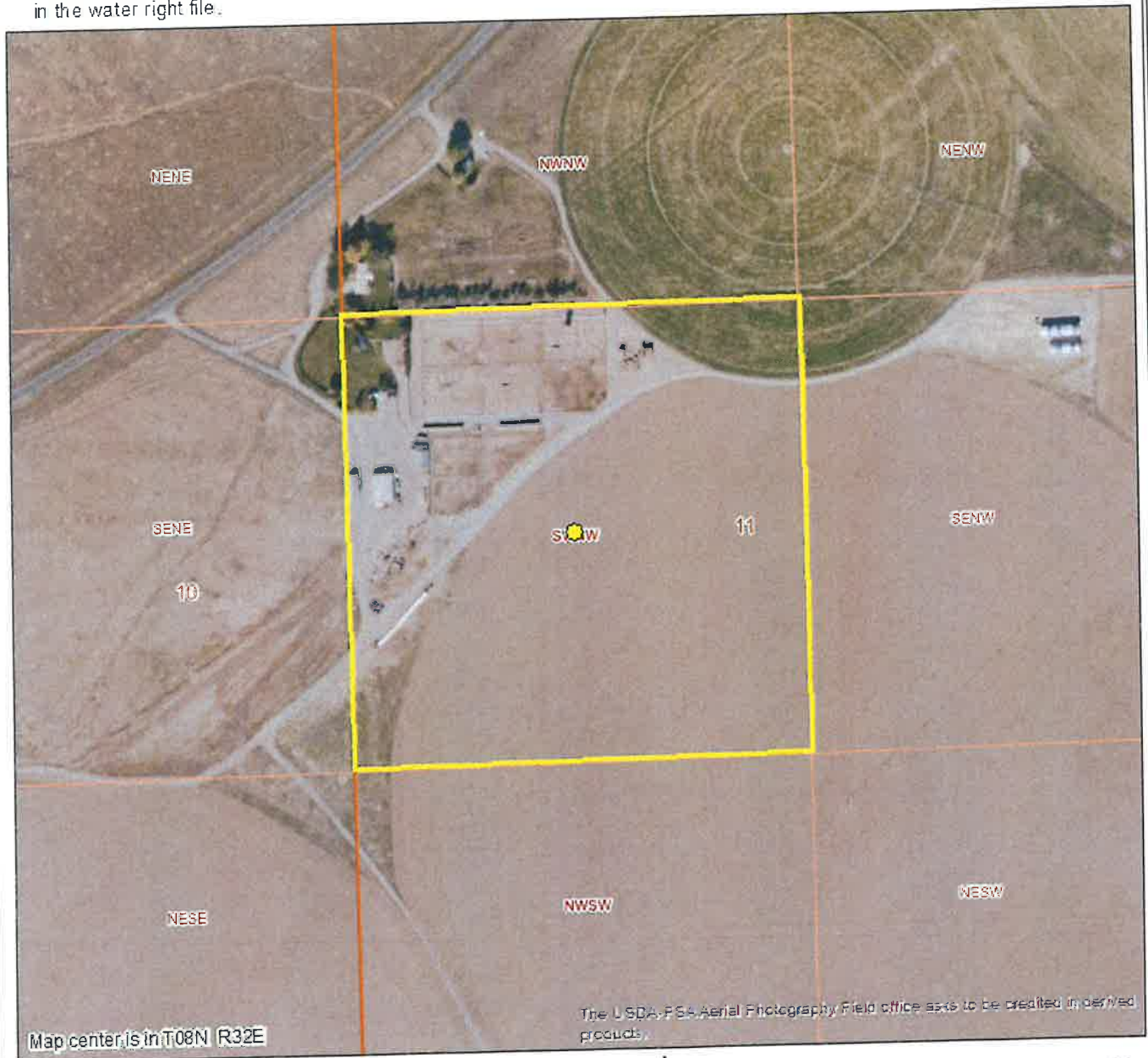
State of Idaho
Department of Water Resources

Water Right

32-4058

STOCKWATER

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



Date created: 3/29/2023



pu667

- Point of Diversion
- Place of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters



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 OF THE DEATH UNDER IDAHO AND § 15-224, IDAHO CODE.

Local Reg. No. _____

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LEWIS LAVAR NEWMAN		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE Last-Birth Day 88 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 03/03/1932	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) REXBURG, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY JEFFERSON	
PARENTS FOR INSTRUCTIONS SEE HANDBOOKS	7c. CITY OR TOWN MONTEVIEW		7d. STREET AND NUMBER 2941 NORTH 800 EAST	
	7e. CITY OR TOWN MONTEVIEW		7f. ZIP CODE 83435	
	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) ELLEN LOUISE JOHNSON	
INFORMANT FOR INSTRUCTIONS SEE HANDBOOKS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) JOHN OSCAR NEWMAN	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY ELLEN BIRD	
	12b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH			
	13a. INFORMANT'S NAME (Type or print) LANE NEWMAN		13b. RELATIONSHIP TO DECEASED SON	
DISPOSITION FOR INSTRUCTIONS SEE HANDBOOKS	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 78 EAST HWY 22 MONTEVIEW, ID 83435			
	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) WEST JEFFERSON MEMORIAL PARK TERRETON, IDAHO 83450	
	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: KEVIN K. BODILY		17b. LICENSE NUMBER (Of licensee) M0757	
PLACE OF DEATH FOR INSTRUCTIONS SEE HANDBOOKS	18. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ PCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		19. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ PCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)	
	20. FACILITY NAME (If not facility, give street and number) 2941 NORTH 800 EAST		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE MONTEVIEW, ID 83435	
	22. COUNTY OF DEATH JEFFERSON			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 23, 2020		24. TIME OF DEATH (24hr) 16:56	
CAUSE OF DEATH FOR INSTRUCTIONS SEE HANDBOOKS	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 23, 2020		26. TIME PRONOUNCED DEAD (24hr) 10:56	
	27. CAUSE OF DEATH PART I: Enter the chain of events—disease, 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) → END STAGE RENAL FAILURE DUE TO (or as a consequence of): TYPE 2 DIABETES DUE TO (or as a consequence of): HYPERTENSION			
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HYPERTENSION			
	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Ages 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	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) August 23, 2020	
	33. TIME OF INJURY (24hr) 16:56		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 2941 NORTH 800 EAST	
	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State: IDAHO City/Town or County: MONTEVIEW Zip Code: 83435	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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 DECEASED OCCURRED, IF APPLICABLE.		38. WHAT SAFETY DEVICES(S) DID DECEASED 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 REGISTERED NURSE ☐ CORONER To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. 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 M-09285	
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID R. LILJENQUIST, M.D. * 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print): DAVID R. LILJENQUIST, 3910 WASHINGTON PARKWAY IDAHO FALLS, ID 83404		39c. DATE SIGNED 8 / 25 / 2020 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 8 / 31 / 2020 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: September 1, 2020

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

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

(A true copy of this document, certified by the State Registrar with the Department of Health and Welfare raised seal, shall be used as prima facie evidence of this death under §§24-241 and §24-242, 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) LOUISE NEWMAN AKA ELLEN LOUISE NEWMAN		2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 85 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____	
	5. DATE OF BIRTH (Mo/Day/Yr) 02/04/1937		6. BIRTHPLACE (City and State, Territory, or Foreign Country) IDAHO FALLS, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY JEFFERSON		7c. CITY OR TOWN RIGBY	
7d. STREET AND NUMBER 2943 NORTH 800 EAST		7e. APT. NO. 83442		7f. ZIP CODE 83442		
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)						
PARENTS	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) GLENN HOWARD JOHNSON		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
			12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ELLEN SOPHIA SCOTT		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
			13a. INFORMANT'S NAME (Type or print) LAURA SMITH		13b. RELATIONSHIP TO DECEDENT DAUGHTER	
			13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3566 JILL STREET 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) WEST JEFFERSON MEMORIAL TERRETON, IDAHO 83450		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: KEVIN K. BODILY		17b. LICENSE NUMBER (Of licensee) M0757		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ Outpatient, 24 hr ☐ Outpatient, 24 hr, 24 hr		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) PRIVATE CARE FACILITY			
	20. FACILITY NAME (If not facility, give street and number) 3938 EAST 800 NORTH		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE RIGBY, ID 83442		22. COUNTY OF DEATH JEFFERSON	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 10, 2022		24. TIME OF DEATH (24hr) 03:48		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 10, 2022	
			26. TIME PRONOUNCED DEAD (24hr) 03:48			
CAUSE OF DEATH	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. ALZHEIMER'S DISEASE DUE TO (or as a consequence of): a. _____ b. _____ c. _____ d. _____					
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown					
	30. 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					
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined					
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	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, running 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 DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE.	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. ☐ 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.					
	Signature and Title of Certifier: ELECTRONICALLY SIGNED: DAVID R. LILJENQUIST, M.D.					
	39b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID R. LILJENQUIST, 3910 WASHINGTON PARKWAY IDAHO FALLS, ID 83404					
	39c. DATE SIGNED 6 / 13 / 2022 MM DD YYYY					
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Galtte		40b. DATE SIGNED 6 / 13 / 2022 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: June 14, 2022
 This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Galtte
JAMES B. AYDELOTTE
 STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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

March 30, 2023

L2 LTD PARTNERSHIP
2990 N 800 E
MONTEVIEW ID 83435-5068

L3 LTD PARTNERSHIP
C/O LANE NEWMAN
2943 N 800 E
MONTEVIEW ID 83435

Re: Change in Ownership for Water Right No(s): 32-4058

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 110
JEFFERSON CLARK GROUND WATER DISTRICT