

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

APR 30 2024

**NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP**

WATER RESOURCES  
SOUTHERN 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? |
|-----------------------|---------------------------------------------------|------------------------------|-----------------------|------------------------------|------------------------------|
| 37-10673              | Yes <input checked="" type="checkbox"/> <i>NO</i> | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/>                      | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/>                      | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/>                      | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |
|                       | Yes <input type="checkbox"/>                      | Yes <input type="checkbox"/> |                       | Yes <input type="checkbox"/> | Yes <input type="checkbox"/> |

2. Previous Owner's Name: Richard C. Calvert  
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Connie M. Lively  
New owner(s) as listed on the conveyance document

2571 Cedar Ridge Road

Mailing address

208-731-8418

Telephone

Twin Falls

City

connielively@gmail.com

Email

Name connector ☐ and ☐ or

ID

83301

State

Zip

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: April 25, 2024
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: *Connie M. Lively* Title, if applicable \_\_\_\_\_ Date 04/30/2024

Signature of new owner/claimant \_\_\_\_\_

Connie M. Lively \_\_\_\_\_

Print name \_\_\_\_\_

Signature: \_\_\_\_\_ Title, if applicable \_\_\_\_\_ Date \_\_\_\_\_

Signature of new owner/claimant \_\_\_\_\_

Print name \_\_\_\_\_

Received by 56 Date 4/30/2024 For IDWR Office Use Only: Receipt No. 5040196 Receipt Amt. 125

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 KA Date 5-10-2024

**COPY**

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**PERSONAL REPRESENTATIVE'S DEED**

THIS DEED is made and executed by **CONNIE M. LIVELY**, as personal representative of THE ESTATE OF DIANA F. CALVERT, DECEASED, hereinafter referred to as the "Grantor," to **CONNIE M. LIVELY**, a married woman dealing in her sole and separate property, hereinafter referred to as the "Grantee," whose mailing address is 2571 Cedar Ridge Road, Twin Falls, ID 83301.

WHEREAS, Grantor is the qualified personal representative of said estate, filed as Probate Case Number CV42-23-2609, in Twin Falls County, Idaho;

THEREFORE, in accordance with the provisions of the Uniform Probate Code as set forth in Title 15 of the Idaho Code, Grantor estate hereby grants, sells, transfers and conveys without warranty to Grantee all of the estate's undivided one-half (1/2) interest in the following described real property in Blaine County, Idaho:

Township 1 South, Range 18 East of the Boise Meridian, Blaine County, Idaho,

Section 31: A tract of located in Lot 6, described as follows:  
Beginning at the "Center of Section", Section 31;  
thence

South 89 55' West 743.32 feet along the North boundary of Lots 5  
and 6 to the True Point of Beginning; thence

continuing South 89 55' West, 241.76 feet along said North line of  
Lot 6 to a Witness Point on the Easterly shore line of Magic  
Reservoir; thence  
South 78 30' East, 102.96 feet; thence  
South 27 00' East, 71.25 feet; thence  
North 58 56' East, 45.65 feet; thence  
North 48 47' East 92.28 feet to the point of beginning.

SUBJECT TO taxes and assessments for the year 2024 and all  
subsequent years, and SUBJECT TO any and all existing easements,  
rights-of-way, reservations, restrictions and encumbrances of record,  
to any existing tenancies, to all zoning laws and ordinances, and to  
any state of facts an accurate survey or inspection of the premises  
would show.

This property is being conveyed "AS IS, WHERE IS with all faults".

This transfer is exempt from the Idaho Property Condition Disclosure  
Act by virtue of Idaho Code § 55-2505(7).

This conveyance shall include any and all appurtenances, tenements, hereditaments,  
reversions, remainders, easements, rights-of-way and water rights in anywise appertaining to the  
property herein described.

The above described real property shall be the separate property of each Grantee,  
together with all subsequent income, rents, issues, profits, gains and appreciation thereon.

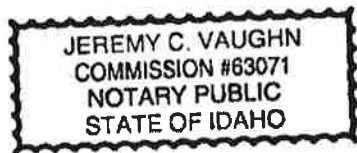
EXECUTED this 24 day of April, 2024.

THE ESTATE OF DIANA F. CALVERT, DECEASED

By Connie M. Lovely  
CONNIE M. LIVELY  
Personal Representative

STATE OF IDAHO )  
 ) ss.  
COUNTY OF TWIN FALLS )

On this 24<sup>th</sup> day of April, 2024, before me the undersigned, a notary public for the State of Idaho, personally appeared Connie M. Lively, personally known or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, as personal representative of THE ESTATE OF DIANA F. CALVERT, DECEASED, and acknowledged to me that she executed the same as such personal representative.



Notary Public for Idaho  
My Commission Expires on 2/10/2026

STEPHAN, KVANVIG, STONE & TRAINOR  
Russell G. Kvanvig - ISB #1847  
P. O. Box 83  
Twin Falls, Idaho 83303-0083  
Telephone: 208-733-2721  
Facsimile: 208-733-3619  
E-Mail: skst@idaho-law.com  
22475/JUDG-AMEND/mj  
Of Counsel for Personal Representative

**Instrument # 647732**  
**HAILEY, BLAINE, IDAHO**  
**10-30-2017 11:43:20 AM No. of Pages: 3**  
**Recorded for : RUSSELL G KVANVIG**  
**JOLYNN DRAGE Fee: 16.00**  
**Ex-Officio Recorder Deputy**  
Index to: JUDGMENT

**BH**

**COPY**

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS  
MAGISTRATE DIVISION

|                                                                                                           |                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| In the Matter of the Estate<br><br>of RICHARD C. CALVERT aka<br>RICHARD CHARLES CALVERT,<br><br>Deceased. | Case No. CV42-17-3432<br><br>AMENDED JUDGMENT GRANTING<br>PETITION TO DETERMINE HEIRS<br><br>I.C. § 15-3-108, 15-3-409 &<br>15-3-901 |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|

JUDGMENT IS ENTERED AS FOLLOWS:

1. DIANA F. CALVERT is awarded all real estate and any other community property which may have been owned by Richard C. Calvert aka Richard Charles Calvert at the time of his death.

2. DIANA F. CALVERT is awarded the real estate more particularly described as follows:

(a) An undivided 1/2 interest in the following described property in Blaine County, Idaho:

Township 1 South, Range 18 East of the Boise Meridian, Blaine County, Idaho,

Section 31: A tract of located in Lot 6, described as follows: Beginning at the "Center of Section", Section 31; thence

South 89° 55' West 743.32 feet along the North boundary of Lots 5 and 6 to the True Point of Beginning; thence

continuing South 89° 55' West, 241.76 feet along said North line of Lot 6 to a Witness Point on the Easterly shore line of Magic Reservoir; thence

South 78° 30' East, 102.96 feet; thence

South 27° 00' East, 71.25 feet; thence

North 58° 56' East, 45.65 feet; thence

North 48° 47' East 92.28 feet to the point of beginning.

(b) The following described property in Twin Falls County, Idaho:

LOT 13, BLOCK 2, DELL RAY SUBDIVISION, TWIN FALLS, TWIN FALLS COUNTY, IDAHO



Signed: 10/24/2017 03:33 PM

ROGER B. HARRIS  
MAGISTRATE JUDGE



STATE OF IDAHO  
COUNTY OF TWIN FALLS ss.

I hereby certify the foregoing to be a full, true and correct copy of the original on file in the above entitled action.

page 2 of 3

KRISTINA GLASCOCK  
CLERK OF THE DISTRICT COURT

BY: Jackee Petersen Deputy Clerk

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on October 25, 2017, I served a  
copy of the attached to:

STEPHAN, KVANVIG, STONE & TRAINOR ☒ E-mail  
P.O. BOX 83  
TWIN FALLS, ID 83303

E-mail: skst@idaho-law.com

By: Jackie Pitman Signed: 10/25/2017 10:05 AM  
Deputy Clerk

# 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 HEALTH OFFICER WITH THE DEPARTMENT OF HEALTH AND WELFARE, RATED SEAL, SHALL BE USED AS PROBATIVE EVIDENCE OF THE DEATH OF THE DECEASED. (S-21-00001-0000)

Local Reg. No.

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|
| <p><b>DECEASED</b></p> <p>TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.</p> <p>FOR INSTRUCTIONS SEE HANDBOOKS</p> | <p><b>1. DECEASED'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)</b></p> <p>DIANA FRANCENE CALVERT</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                                                                                                          |                                                                                                                                           | <p><b>2. SEX</b></p> <p>FEMALE</p>                                                                                                                            | <p><b>3. SOCIAL SECURITY NUMBER</b></p>                                                                          |  |
|                                                                                                                                    | <p><b>4a. AGE-Last Birthday</b></p> <p>89 (Years)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><b>4b. UNDER 1 YEAR</b></p> <p>Months: _____ Days: _____</p> | <p><b>4c. UNDER 1 DAY</b></p> <p>Hours: _____ Minutes: _____</p>                                                                                                         | <p><b>5. DATE OF BIRTH (Mo/Day/Yr)</b></p> <p>09/19/1933</p>                                                                              | <p><b>6. BIRTHPLACE (City and State, Territory, or Foreign Country)</b></p> <p>TWIN FALLS, IDAHO</p>                                                          |                                                                                                                  |  |
|                                                                                                                                    | <p><b>7a. RESIDENCE - STATE OR FOREIGN COUNTRY</b></p> <p>IDAHO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                                                                                                                          | <p><b>7b. COUNTY</b></p> <p>TWIN FALLS</p>                                                                                                | <p><b>7c. CITY OR TOWN</b></p> <p>TWIN FALLS</p>                                                                                                              |                                                                                                                  |  |
|                                                                                                                                    | <p><b>7d. STREET AND NUMBER</b></p> <p>135 MAURICE ST. N.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                                                                                                                          | <p><b>7e. APT. NO.</b></p>                                                                                                                | <p><b>7f. ZIP CODE</b></p> <p>83301</p>                                                                                                                       | <p><b>7g. INSIDE CITY LIMITS?</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |  |
|                                                                                                                                    | <p><b>8. MARITAL STATUS AT TIME OF DEATH</b></p> <p><input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                                                                                                          |                                                                                                                                           | <p><b>9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)</b></p>                                                                                          |                                                                                                                  |  |
| <p><b>PARENTS</b></p>                                                                                                              | <p><b>10. EVER IN U.S. ARMED FORCES?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |                                                                                                                                                                          | <p><b>11a. BIRTHPLACE (State, Territory, or Foreign Country)</b></p> <p>IDAHO</p>                                                         |                                                                                                                                                               |                                                                                                                  |  |
|                                                                                                                                    | <p><b>11b. BIRTHPLACE (State, Territory, or Foreign Country)</b></p> <p>IDAHO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                                                                          | <p><b>12b. BIRTHPLACE (State, Territory, or Foreign Country)</b></p> <p>IDAHO</p>                                                         |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>INFORMANT</b></p>                                                                                                            | <p><b>13a. INFORMANT'S NAME (Type or print)</b></p> <p>CONNIE LIVELY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 | <p><b>13b. RELATIONSHIP TO DECEASED</b></p> <p>DAUGHTER</p>                                                                                                              | <p><b>13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)</b></p> <p>2571 CEDAR RIDGE RD. TWIN FALLS, ID 83301</p>            |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>DISPOSITION</b></p>                                                                                                          | <p><b>14. METHOD OF DISPOSITION</b></p> <p><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 | <p><b>15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)</b></p> <p>FARNSWORTH CREMATORY<br/>1343 SOUTH LINCOLN<br/>JEROME, IDAHO 83338</p> |                                                                                                                                           | <p><b>16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY</b></p> <p>WHITE-REYNOLDS FUNERAL CHAPEL<br/>2466 ADDISON AVENUE EAST<br/>TWIN FALLS, IDAHO 83301</p> |                                                                                                                  |  |
|                                                                                                                                    | <p><b>17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</b></p> <p>ELECTRONICALLY FILED: RACHEL L. STEELE</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | <p><b>17b. LICENSE NUMBER (Of licensee)</b></p> <p>M1777</p>                                                                                                             | <p><b>18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>PLACE OF DEATH</b></p>                                                                                                       | <p><b>19a. IF DEATH OCCURRED IN A HOSPITAL:</b></p> <p><input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
|                                                                                                                                    | <p><b>20. FACILITY NAME (If not facility, give street and number)</b></p> <p>135 MAURICE ST. N.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>DATE OF DEATH</b></p>                                                                                                        | <p><b>23. DATE OF DEATH (Mo/Day/Yr) (Spell month)</b></p> <p>May 17, 2023</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                 | <p><b>24. TIME OF DEATH (24hr)</b></p> <p>Estimated 09:23 +15:58</p>                                                                                                     | <p><b>25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)</b></p> <p>May 17, 2023</p>                                                      | <p><b>26. TIME PRONOUNCED DEAD (24hr)</b></p> <p>16:36</p>                                                                                                    |                                                                                                                  |  |
|                                                                                                                                    | <p><b>27. CAUSE OF DEATH</b></p> <p>Approximate Time Interval:<br/>Onset to Death</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>CAUSE OF DEATH</b></p>                                                                                                       | <p><b>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:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
|                                                                                                                                    | <p><b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b></p> <p>a. <b>CONGESTIVE HEART FAILURE</b><br/>DUE TO (or as a consequence of):</p> <p>b. <b>CHRONIC KIDNEY DISEASE</b><br/>DUE TO (or as a consequence of):</p> <p>c. <b>HYPERTENSION</b><br/>DUE TO (or as a consequence of):</p> <p>d. _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>UNDERLYING CAUSE</b></p>                                                                                                     | <p><b>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
|                                                                                                                                    | <p><b>29. DID TOBACCO USE CONTRIBUTE TO DEATH?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)</b></p>                                                            | <p><b>30. IF FEMALE (Aged 10-54):</b></p> <p><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death</p> <p><input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 | <p><b>28a. WAS AN AUTOPSY PERFORMED?</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>                                                  |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
|                                                                                                                                    | <p><b>31. MANNER OF DEATH</b></p> <p><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | <p><b>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                       |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>CERTIFIER</b></p>                                                                                                            | <p><b>32. DATE OF INJURY (Mo/Day/Yr) (Spell month)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>33. TIME OF INJURY (24hr)</b></p>                         | <p><b>34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)</b></p>                                             |                                                                                                                                           | <p><b>35. INJURY AT WORK?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>                                                             |                                                                                                                  |  |
|                                                                                                                                    | <p><b>36. LOCATION OF INJURY:</b></p> <p>State: _____ City/Town or County: _____ Zip Code: _____</p> <p>Street and Number or Location: _____ Apartment Number: _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>REGISTRAR</b></p>                                                                                                            | <p><b>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 OCCUPIED, IF APPLICABLE</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
|                                                                                                                                    | <p><b>TRANSPORTATION INJURY ONLY</b></p> <p><b>38a. WAS DECEASED:</b> <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify): _____</p> <p><b>38b. WHAT SAFETY DEVICES(S) DID DECEASED USE/EMPLOY?</b></p> <p><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               |                                                                                                                  |  |
| <p><b>CERTIFIER</b></p>                                                                                                            | <p><b>39a. CERTIFIER (Check only one, based on official capacity for this certificate)</b></p> <p><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE</p> <p>To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.</p> <p><input type="checkbox"/> CORONER</p> <p>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.</p> <p>Signature and Title of Certifier: <b>ELECTRONICALLY SIGNED: BRIAN W. FORTUIN, M.D.</b></p> <p><b>39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)</b></p> <p>BRIAN W. FORTUIN, 625 POLE LINE RD WEST STE 2A TWIN FALLS, ID 83301</p> |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               | <p><b>39b. LICENSE NUMBER</b></p> <p>M-07263</p>                                                                 |  |
|                                                                                                                                    | <p><b>40a. REGISTRAR'S SIGNATURE</b></p> <p>James B. Aydelotte</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |                                                                                                                                                                          |                                                                                                                                           |                                                                                                                                                               | <p><b>40b. DATE SIGNED</b></p> <p>5 / 23 / 2023</p> <p>MM DD YYYY</p>                                            |  |

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 30 2023**

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

Rev. 07/20/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**JAMES B. AYDELOTTE**  
STATE REGISTRAR



IDAHO DEPARTMENT OF  
**WATER RESOURCES**

Southern Region • 650 Addison Ave W, Suite 500 • Twin Falls, ID 83301-5858

Phone: 208-736-3033 • Fax: 208-736-3037 • Email: [southerninfo@idwr.idaho.gov](mailto:southerninfo@idwr.idaho.gov) • Web: [idwr.idaho.gov](http://idwr.idaho.gov)

**Governor Brad Little**

**Director Mathew Weaver**

May 10, 2024

CONNIE M LIVELY  
2571 CEDAR RIDGE RD  
TWIN FALLS ID 83301-8607

Re: Change in Ownership for Water Right No(s): 37-10673

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) 293-9916.

Sincerely,

Kent Aasa  
Water Resource Agent, Senior

Enclosure(s)