

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUN 20 2025

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

DEPT. OF WATER RESOURCES
EASTERN REGION

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions.

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
✓ 22-7189 OK	Yes ☒	Yes ☐	22-7189	Yes ☐	Yes ☐
	Yes ☐	Yes ☐	22-14699	Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: William and Helen Cowles Cochrane
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Roberts Survivors Trust
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

993 Debra Dr.
Mailing address

Santa Barbara CA 93110
City State Zip

805 895 7418
Telephone

kelkar@aol.com
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: June 13th 2018
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.

SUPPORT DATA

IN FILE # 22-7189

8. Signature: See attachment
 Signature of new owner/claimant Title, if applicable Date
 Print name

Signature: _____
 Signature of new owner/claimant Title, if applicable Date
 Print name

Received by M. Pette Date 6-20-25 For IDWR Office Use Only: \$100.- for this app
 Receipt No. E050932 Receipt Amt. 200.00

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 de Date 10/3/2025

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

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Water Right Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
22-7189	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: _____

Name of current water right holder/claimant

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

Roberts Survivors Trust

New owner(s) as listed on the conveyance document

Name connector ☐ and ☐ or

993 Debra Dr.

Mailing address

Santa Barbara

City

CA

State

93110

Zip

805 895 7418

Telephone

kelkar@aol.com

Email

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☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.

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☐ \$100 per split water right.

☐ No fee is required for pending adjudication claims.

☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.

☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: _____

Helen J Roberts

Signature of new owner/claimant

Title, if applicable

6-15-25

Date

Helen J Roberts

Print name

Signature: _____

Signature of new owner/claimant

Title, if applicable

Date

Print name

For IDWR Office Use Only:

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 _____

Processed by _____

Date _____



**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

FERGUSON CASE ORR PATERSON LLP
Attn: John C. Orr, Esq.
1050 South Kimball Road
Ventura, California 93004

MAIL TAX STATEMENTS TO:

Helen J. Roberts, Trustee
Roberts Survivor's Trust UA dated December 10, 1997
993 Debra Drive
Santa Barbara, CA 93110

Instrument # 250855

TETON COUNTY, IDAHO

7-2-2018 02:26:00 PM No. of Pages: 2

Recorded for : FERGUSON CASE ORR PATERSON LLP

MARY LOU HANSEN

Fee: 15.00

Ex-Officio Recorder Deputy

Index to: DEED, GRANT

Parcel Number: RP 07N45E310010

GRANT DEED

FOR NO CONSIDERATION, HELEN J. ROBERTS, Trustee of the James G. Roberts Family Trust dated December 10, 1997, of 993 Debra Drive, Santa Barbara, California 93110, hereinafter called "Grantor, does hereby grant and convey to HELEN J. ROBERTS, Trustee of the Roberts Survivor's Trust UA dated December 10, 1997, of 993 Debra Drive, Santa Barbara, California 93110, the following described property in the, County of Teton, State of Idaho, to wit:

The Northeast Quarter of Section 31, Township 7-North, Range 45 East,
Boise Meridian, Teton County, Idaho.

TOGETHER WITH any and all other water-rights including but not limited to that portion of Idaho Department of Water Resource license 22-7189 which has a portion of its place of use the above described premises) and improvements and appurtenances thereto; rents, issues and profits thereof; and reversions and remainders.

Dated: June 13, 2018


Helen J. Roberts, Trustee
James G. Roberts Family Trust dated
December 10, 1997

MAIL TAX STATEMENTS AS DIRECTED ABOVE.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
) ss.
COUNTY OF VENTURA)

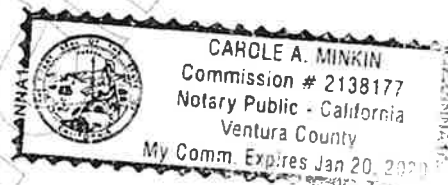
On June 13, 2018, before me, Carole A. Minkin, Notary Public, personally appeared HELEN J. ROBERTS, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Carole A. Minkin
Notary Public

1674552



**RECORDING REQUESTED BY AND WHEN
RECORDED, MAIL TO:**

John C. Orr, Esq.
Ferguson Case Orr Paterson LLP
1050 South Kimball Road
Ventura, CA 93004

MAIL TAX STATEMENTS TO:

HELEN J. ROBERTS, Trustee of
The James G. Roberts Family Trust Dated 12/10/1997
993 Debra Drive
Santa Barbara, CA 93110-1226

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT DEATH OF TRUSTEE

APN: RP07N45E310010

STATE OF CALIFORNIA)
COUNTY OF VENTURA)

HELEN J. ROBERTS, of legal age, being first duly sworn, deposes and says:

1. JAMES GORDON ROBERTS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES G. ROBERTS, named as the Trustee in that certain Trust Declaration dated December 10, 1997, commonly known as the JAMES G. ROBERTS FAMILY TRUST ("Trust") executed by JAMES G. ROBERTS and HELEN J. ROBERTS as Trustors.

2. At the time of the decedent's death, the decedent was the record owner, as a Trustee, of certain real property acquired by a Grant Deed which was signed by HELEN JEAN ROBERTS, of 993 Debra Drive, Santa Barbara, California 93110, as Grantor, and JAMES G. ROBERTS, of 993 Debra Drive, Santa Barbara, California 93110, as Grantor's Husband, on October 1, 2002, to JAMES G. ROBERTS AND HELEN J. ROBERTS, of 993 Debra Drive, Santa Barbara, California 93110, TRUSTEES OF THE JAMES G. ROBERTS FAMILY TRUST dated December 10, 1997, as Grantees, and recorded on October 9, 2002, as Instrument No. 150677 in the Official Records of Teton County, Idaho, covering the following described real property situated in said County, State of Idaho:

The Northeast Quarter of Section 31, Township 7 North,
Range 45 East, Boise Meridian, Teton County, Idaho.

3. I am the named successor Trustee of the same Trust under which said decedent held title as Trustee pursuant to the Deed described above, and am designated and empowered pursuant to the terms of said Trust to serve as Trustee thereof.

Dated: 6-15, 2017

THE JAMES G. ROBERTS FAMILY TRUST
DATED DECEMBER 10, 1997

By

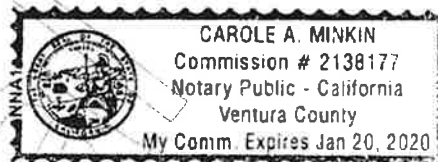
Helen J. Roberts
HELEN J. ROBERTS, Trustee

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Ventura)

Subscribed and sworn to (or affirmed) before me on this 15th day of June, 2017, by HELEN J. ROBERTS, proved to me on the basis of satisfactory evidence, to be the person(s) who appeared before me.

Signature Carole A. Minkin



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

3052017063162

CERTIFICATE OF DEATH

3201742000764

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE	
JAMES		GORDON	
3. LAST (Family)		4. DATE OF BIRTH month/day/year	
ROBERTS		07/30/1946	
5. AGE Yrs		6. SEX	
70		M	
7. DATE OF DEATH month/day/year		8. HOUR (24 Hour)	
03/24/2017		1437	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
CA		[REDACTED]	
11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back)		12. MARITAL STATUS (Specify at time of death)	
☒ YES ☐ NO ☐ UNK		MARRIED	
13. EDUCATION - Highest Level (Degree) (See worksheet on back)		14. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
BACHELOR		CAUCASIAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		16. TYPE OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
SELF EMPLOYED		BUSINESS OWNER	
17. DECEDENT'S RESIDENCE (Street and number, or location)		18. YEARS IN OCCUPATION	
993 DEBRA DRIVE		40	
19. CITY		20. COUNTY/PROVINCE	
SANTA BARBARA		SANTA BARBARA	
21. ZIP CODE		22. YEARS IN COUNTY	
93110		40	
23. STATE/FOREIGN COUNTRY		24. INFORMANT'S NAME, RELATIONSHIP	
CA		HELEN ROBERTS, WIFE	
25. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)		26. NAME OF SURVIVING SPOUSE/SPOUSE-FIRST	
993 DEBRA DRIVE, SANTA BARBARA, CA 93110		HELEN	
27. NAME OF FATHER/PARENT-FIRST		28. MIDDLE	
REMUS		JEAN	
29. NAME OF MOTHER/PARENT-FIRST		30. LAST BIRTH NAME	
WILMOTH		CHEATHAM	
31. MIDDLE		32. LAST BIRTH NAME	
ESTHER		ROBERTS	
33. MIDDLE		34. BIRTH STATE	
ACUFF		AR	
35. BIRTH STATE		36. BIRTH STATE	
AR		AR	
37. DEPOSITION DATE month/day/year		38. PLACE OF FINAL DISPOSITION	
03/28/2017		AT SEA OFF COAST OF SANTA BARBARA COUNTY	
39. TYPE OF DISPOSITION		40. SIGNATURE OF EMBALMER	
CR/SEA		NOT EMBALMED	
41. NAME OF FUNERAL ESTABLISHMENT		42. LICENSE NUMBER	
SIMPLY REMEMBERED CREMATION		FD2113	
43. SIGNATURE OF LOCAL REGISTRAR		44. DATE month/day/year	
CHARITY DEAN, MD, MPH		03/27/2017	
45. PLACE OF DEATH		46. IF HOSPITAL, SPECIFY ONE	
SANTA BARBARA COTTAGE HOSPITAL		☒ P ☐ SNOP ☐ OCA ☐ Hospice ☐ Nursing Home/ETC ☐ Decedent's Home ☐ Other	
47. COUNTY		48. CITY	
SANTA BARBARA		SANTA BARBARA	
49. STREET ADDRESS (Street and number, or location)		50. CAUSE OF DEATH	
400 WEST PUEBLO STREET		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate.	
51. IMMEDIATE CAUSE (Final disease or condition resulting in death)		52. UNDERLYING CAUSE (Underlying cause of death)	
ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		ELEVATED CHOLESTEROL, MILD HIGH BLOOD PRESSURE	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51)		54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 52 OR 53? (If yes, list type of operation and date.)	
NO		NO	
55. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES ENTERED.		56. SIGNATURE AND TITLE OF CERTIFIER	
57. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		58. LICENSE NUMBER	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		60. DATE month/day/year	
61. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES ENTERED.		62. INJURED AT WORK?	
63. MANNER OF DEATH (Check one)		☒ YES ☐ NO ☐ UNK	
64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		65. INJURY DATE month/day/year	
66. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		67. HOUR (24 Hour)	
68. LOCATION OF INJURY (Street and number, or location, and city, and zip)		69. SIGNATURE OF CORONER / DEPUTY CORONER	
70. DATE month/day/year		71. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
CHAD W BIEDINGER		CHAD W BIEDINGER, DEP CORONER	
72. STATE REGISTRAR		73. FAX AUTH/L	
A B C D E		CDSR TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

DATE ISSUED **MAR 28 2017**

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Health Officer.



000480419

Charity Dean MD
CHARITY DEAN, MD
HEALTH OFFICER/PUBLIC HEALTH DEPARTMENT
COUNTY OF SANTA BARBARA, CALIFORNIA



CASTABAROL

RECEIVED

SEP 25 2002

TETON
CLERK RECORDER

150353

GRANT DEED

Instrument # 150353

DRIGGS, TETON, IDAHO

2002-09-25

09:27:19 No. of Pages: 1

Recorded for: RIGBY, THATCHER, ANDRUS

NOLAN G. BOYLE

Fee: 3.00

Ex-Officio Recorder Deputy *N. Boyle*

Index to: DEED, GRANT

FOR VALUE RECEIVED, **NANCY SHIPCOTT**, of 13552 Whembly Drive, Santa Ana, CA 92705, as Successor Trustee under the FIRST RESTATEMENT OF THE COCHRANE FAMILY LIVING TRUST, dated April 4, 1991, hereinafter called "Grantor", does hereby grant and convey, to **HELEN JEAN ROBERTS**, of 993 Debra Drive, Santa Barbara, CA 93110, a married woman, as her sole and separate property, for her sole and separate use, the following described real property in Teton County, Idaho, to-wit:

The Northeast Quarter of Section 31, Township 7 North, Range 45 East, Boise Meridian, Teton County, Idaho.

(Also known as parcel number RP 07N45E310010 A)

TOGETHER WITH any and all other water rights (including but not limited to that portion of Idaho Department of Water Resource license 22-7189 which has as a portion of its place of use the above described premises) and improvements and appurtenances thereto; rents, issues and profits thereof; and reversions and remainders.

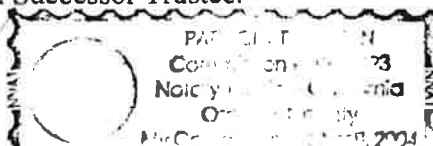
DATED This 16 day of September, 2002.

Nancy Shipcott
Nancy Shipcott,
Successor Trustee under the First Restatement
of the Cochrane Family Living Trust

Acknowledgment by Trustee

STATE OF CALIFORNIA,)
ss.
County of ORANGE .)

On this 16 of September, 2002, before me, the undersigned, a Notary Public in and for said State, personally appeared **Nancy Shipcott**, known to me to be person whose name is subscribed to the within instrument as the Successor Trustee under the First Restatement of the Cochrane Family Living Trust, dated April 4, 1991, and acknowledged to me that she executed the same as such Successor Trustee.



FAWP6/SB/COCHRANE

Patricia Peterson
Notary Public for California
Residing at: Justin Co
My Commission expires: 4-8-2004

150353

RECORDING REQUESTED BY:

WILLIAM & HELEN E. COCHRANE

WHEN RECORDED MAIL TO:

WILLIAM COCHRANE
HELEN E. COCHRANE
2400 MARIPOSA WEST, #1-D
LAGUNA HILLS, CA. 92683

MAIL TAX STATEMENTS TO:

WILLIAM & HELEN E. COCHRANE
2400 MARIPOSA WEST, #1-D
LAGUNA HILLS, CA. 92683

FILED

AT THE REQUEST OF

William Cochran

AT 30 MINUTES PAST 2 P M

DATE *May 24, 1991*

Ara J. Drake
CLERK OF RECORDER

BY *Ara Hill*
DEPUTY

MAY 24 1991

TETON Co. Id.
Clerk Recorder

107991



(FOR RECORDER'S USE ONLY)

TRUST TRANSFER DEED

(Excluded from Reappraisal Under Proposition 13)

The Undersigned Grantor(s) declare under Penalty of Perjury that the following is true and correct:

THERE IS NO CONSIDERATION FOR THIS TRANSFER.

Documentary transfer tax is **NONE**.

There is no Documentary transfer tax due because this conveyance transfers Grantors' interest into their Revocable Living Trust (R & T 11911).

This is a Transfer To a Revocable Trust for the Benefit of the Grantors under Sec. 62 of the Revenue and Taxation Code, and for that reason is excluded from reappraisal and reassessment.

GRANTORS, WILLIAM COCHRANE and HELEN E. COCHRANE, husband and wife, whose address is located at 2400 MARIPOSA WEST, #1-D, LAGUNA HILLS, CA. 92683, as joint tenants **HEREBY REMISE, RELEASE AND FOREVER GRANTS TO WILLIAM COCHRANE and HELEN E. COCHRANE**, as Trustees of the COCHRANE FAMILY TRUST, dated APRIL 4, 1991, the following described real property in the County of TETON, in the State of IDAHO:

THE NORTHEAST QUARTER (NE 1/4), SECTION THIRTY-ONE (31) TOWNSHIP SEVEN NORTH, RANGE FORTY-FIVE E.B.M.

ASSESSOR'S PARCEL NUMBER: RP07N45E310010A

Dated

April 4, 1991

William Cochran
WILLIAM COCHRANE

State of California

County of *Orange*

On this, the *4th* day of *April*, 19*91*.

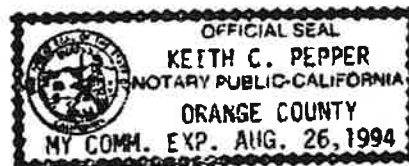
before me, *Keith C. Pepper*

the undersigned Notary Public, personally appeared **WILLIAM COCHRANE and HELEN E. COCHRANE**,

proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument, and acknowledged that they executed it.

WITNESS my hand and official Seal.

Helen E. Cochran
HELEN E. COCHRANE



Keith C. Pepper
Notary's Signature

(This area for Official Notarial Seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE



IDAHO DEPARTMENT OF
WATER RESOURCES

Eastern Region • 900 N Skyline Drive, Suite A • Idaho Falls, ID 83402-1718

Phone: 208-525-7161 • Fax: 208-525-7177 • Email: easterninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

October 06, 2025

ROBERTS SURVIVORS TRUST
993 DEBRA DR
SANTA BARBARA CA 93110-1226

Re: Change in Water Right Ownership: 22-7189 (Split into 22-7189 and 22-14699)

Dear Water Right Holder(s):

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

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

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

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at 208-497-3787.

Sincerely,

Jonie Baily
Technical Records Specialist 1

Enclosure(s)

cc: DALE R ROBSON