

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 02 2025

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

IDaho DEPARTMENT 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. WD 120 / Bonneville Jefferson Blvd

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
25-13026 OK	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: Rex & Alice Shurtliff
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Dean's Shurtliff dba North Forty Four LLC
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 3195 N Yellowstone Idaho Falls ID 83401
Mailing address City State Zip
- 208-681-1509 n4dfour@yahoo.com
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: April 20, 2020
6. Do you own the land identified as the water right place of use? Yes ☒ No ☐
☐ 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):
☐ \$25 per undivided water right.
☐ \$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: Dean Shurtliff Title, if applicable: _____ Date: 12/3/2025
Signature of new owner/claimant

Print name

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

Print name

Received by: JB Date: 12/3/2025 Receipt No.: E051312 Receipt Amt.: \$25.-

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: MP Date: 12/4/2025

filed as and/or

PERSONAL REPRESENTATIVE'S DEED

THIS DEED, made this 24th day of March 2021, by **Daryl R. Shurtliff**, as Personal Representative of the **Estate of Rex S. Shurtliff**, deceased, Grantor, to **North Forty Four, LLC**, Grantee. Tax notices should be mailed to 3195 N. Yellowstone Highway, Idaho Falls, Idaho 83401.

WHEREAS, Grantor is the qualified personal representative of said estate filed as Case No. CV10-19-4462 in Bonneville County, Idaho;

THEREFORE, for valuable consideration received, Grantor quit claims, transfers, and conveys to Grantee all of the Grantor's interest in the following described real property in Bonneville County, Idaho:

Beginning at a point that is South 89°43' West along the Section line 1440.17 feet and South 49°07' West 47.70 feet along the West right of way line of the Yellowstone Highway from the NE corner of Section 9, Township 2 North, Range 38, East of the Boise Meridian, Bonneville County, Idaho, and running thence South 49°07' West 509.62 feet along the Northwesterly right of way line of the Yellowstone Highway to the Northeasterly right of way line of the O.S.L.R.R.; thence North 63°29' West along said railroad right of way line 735.57 feet; thence North 89°43' East 1043.50 feet to the point of beginning.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainder and remainders, and rents, issues and profits thereof. Together with all ditch and ditch rights, water and water rights used in connection therewith or appurtenant thereto.

SUBJECT TO all public easements, rights of way, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments.

TO HAVE AND TO HOLD all and singular the above mentioned and described premises, together with the appurtenances, unto Grantee, and to Grantee's successors and assigns forever, together with all appurtenances.

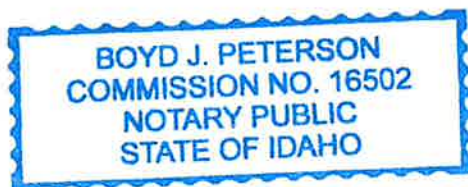
EXECUTED this 24th day of March 2021.


Daryl R. Shurtliff, Personal Representative
of the Estate of Rex S. Shurtliff, deceased

STATE OF IDAHO)
 : ss.
County of Bonneville)

ON THIS 24th day of March 2021, before me, the undersigned, a Notary Public in and for the State of Idaho, personally appeared **Daryl R. Shurtliff**, who, by me being duly sworn, did say that he is the Personal Representative of the **Estate of Rex S. Shurtliff**, deceased, and that the foregoing document was signed on behalf of the **Estate of Rex S. Shurtliff**, by authority, and **Daryl R. Shurtliff** acknowledged to me that he executed the same as such Personal Representative.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.





Notary Public for Idaho
My commission expires: 8-27-2026

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, CARRIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PROOF OF THIS DEATH UNDER §§ 39-111 AND § 39-271, IDAHO CODE

TYPE OR PRINT IN PERMANENT BLACK INK - DO NOT USE FELT-TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) REX SMITH SHURTLIFF	2. SEX MALE	3. SOCIAL SECURITY NUMBER
	4a. AGE-Last Birthday 92 (Years)	4b. UNDER 1 YEAR Months Days Hours Minutes	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 09/18/1926
7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY BONNEVILLE	7c. CITY OR TOWN IDAHO FALLS		
		7d. STREET AND NUMBER 448 BEULAHS LANE	7e. APT. NO. 83401	7f. ZIP CODE 83401
8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) 			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No			
11a. FATHER'S NAME (First, Middle, Last, Suffix) THOMAS IERA SHURTLIFF	11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MAYME MAE SMITH			
13a. INFORMANT'S NAME (Type or print) JOANIE STENZEL	13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 448 BEULAHS LANE IDAHO FALLS, ID 83401	
	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) EAGLE ROCK CREMATORY EAST 963 S. AMMON ROAD AMMON, IDAHO 83406	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: JON A. WOOD			
17b. LICENSE NUMBER (Of licensee) M0656	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No			
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify) DAUGHTER'S HOME			
20. FACILITY NAME (If not facility, give street and number) 448 BEULAHS LANE	21. CITY, TOWN, OR LOCATION OF DEATH; AND ZIP CODE IDAHO FALLS, ID 83401		22. COUNTY OF DEATH BONNEVILLE	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 9, 2019			
24. TIME OF DEATH (24hr) 19:35	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 9, 2019		26. TIME PRONOUNCED DEAD (24hr) 19:35	
	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. MALNUTRITION DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d.			
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No			
	29. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Pending investigation ☐ Could not be determined ☐ Accident ☐ Suicide			
30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown	31. 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			
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 			
33. TIME OF INJURY (24hr) 	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 		35. INJURY AT WORK? ☐ Yes ☒ No	
	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 ☐ Pedestrian ☐ Other (Specify)	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety device(s) did decedent use/employ? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE 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: BOYD K. SOUTHWICK, D.O. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) BOYD K. SOUTHWICK, 3614 WASHINGTON PARKWAY IDAHO FALLS, ID 83404			
39b. LICENSE NUMBER C-00311	39c. DATE SIGNED 6 / 11 / 2019 MM DD YYYY			
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte			
40b. DATE SIGNED 6 / 13 / 2019 MM DD YYYY	40c. REGISTRAR'S SIGNATURE 			
	40d. DATE SIGNED 			

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, 2019

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

PRNCO (Rev) 06/18

James B. Aydelotte
 JAMES B. AYDELOTTE
 STATE REGISTRAR



Water Right Report : 25-13026(Decreed/Active)

Water Right Owners

Owner Type	Name	Address	City	State	Postal Code
Current Owner	SHURTLIFF, ALICE R	PO BOX 2086	IDAHO FALLS	ID	83403
Current Owner	SHURTLIFF, REX S	PO BOX 2086	IDAHO FALLS	ID	83403
Original Owner	NORTH FORTY LTD	PO BOX 2235	IDAHO FALLS	ID	83403

Water Right Status

Priority Date : 12/31/1957
Basis : Decreed
Status : Active

Water Source

Source	Source Qualifier	Tributary	Tributary Qualifier
GROUND WATER			

Points Of Diversion (Location)

Source	Township	Range	Section	Govt. Lot	QQQ	QQ	Q	County	Diversion Type
GROUND WATER	02N	38E	9	0				NW NE BONNEVILLE	

Water Uses

Beneficial Use	From	To	Diversion Rate	Volume
COMMERCIAL	01/01	12/31	0.04 CFS	7.40 AFA
TOTAL			0.04 CFS	7.40 AFA

Places of Use



Place of Use Legal Description : COMMERCIAL (BONNEVILLE county)

Township	Range	Section	Lot	QQQ	QQ	Q	Acres
02N	38E	9			NW	NE	

Conditions

Code Conditions

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.

Dates

Licensed Date :
Decreed Date : 10/7/2005
Permit Proof Due Date :
Permit Proof Made Date :
Permit Approved Date :
Permit Moratorium Expiration Date :
Enlargment Use Priority Date :
Enlargement Statute Priority Date :
Application Received Date :
Protest Deadline Date:

Other Information

State or Federal : S
Water District Number : 120
Generic Max Rate Per Acre : 0
Generic Max Volume Per Acre : 0
Civil 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
25-13026

38E



0 0.035 0.07 0.14 Miles

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





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

December 04, 2025

NORTH FORTY FOUR LLC
3195 N YELLOWSTONE HWY
IDAHO FALLS ID 83401-1797

Re: Change in Ownership for Water Right No(s): 25-13026

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 208-525-7161.

Sincerely,

Misty Pettis
Office Specialist 2

Enclosure(s)
CC: WATER DISTRICT 120
BONNEVILLE JEFFERSON GWD