

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

DEC 05 2025

DEPT. OF WATER RESOURCES
EASTERN REGION

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column. If the water right is leased to the Water Supply Bank, check "Yes". If you are not sure if the water right is leased to the Water Supply Bank, see #7 of the instructions. WD 120

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
29-7294 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: Valerie Masen, John Masen (deceased)
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Kindee Wilson
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

1819 Government Rd Pocatello ID 83204
Mailing address City State Zip
208-731-5480 Kindee.kananen@gmail.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: 07/15/2021

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: Kindee Wilson 12/2/25
Signature of new owner/claimant Title, if applicable Date
Kindee Wilson
Print name

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

For IDWR Office Use Only:

Received by M. Peltier Date 12-5-25 Receipt No. E051318 Receipt Amt. 25.00

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 MP Date 12/17/2025

? legal missing call? Checked county website updated
 Power County.



Pioneer Title Co.
GOING BEYOND

135 N. Arthur Ave.
Pocatello, ID 83204

ELECTRONICALLY RECORDED-DO NOT
REMOVE THE COUNTY STAMPED FIRST
PAGE AS IT IS NOW INCORPORATED AS
PART OF THE ORIGINAL DOCUMENT

Instrument # 218413

POWER COUNTY, IDAHO
07-15-2021 04:54:03 PM No. of Pages: 3
Recorded for: PIONEER TITLE POCATELLO
SHAREE SPRAGUE Fee: \$15.00
Ex-Officio Recorder Deputy: Flor Cardona
Electronically Recorded by Simplifile

File No. 773923 SK/MH

WARRANTY DEED

For Value Received

Valerie Mason, an unmarried woman

hereinafter referred to as Grantor, does hereby grant, bargain, sell, warrant and convey unto

Kindee Wilson, an unmarried woman

hereinafter referred to as Grantee, whose current address is

1819 Government Rd Pocatello, ID 83204

The following described premises, to-wit:

A tract of land in Section 2, Township 6 South, Range 33 East, Boise Meridian, Power County, Idaho, more particularly described as follows:

Commencing at the NW corner of Section 2, a point in the center line of Siphon Road; thence Easterly along the center line of Siphon Road a distance of 1430 feet to the center line of Government Road sometimes known as Crockett Road, the point of beginning; thence continuing Southerly along the center line of Government Road 669.85 feet to a point; thence North 89°44' East a distance of 547.25 feet to a point; thence Northerly 667.433 feet to a point which is the SE corner of L.A. Tirrell property recorded Instrument no. 103553; thence Westerly along the South boundary of Tirrell property a distance of 549.374 feet to the true point of beginning.

EXCEPTING THEREFROM the following parcel: Government Road sometimes known as Crockett Road, located in the W½ of Section 2, Township 6 South, Range 33 East, Boise Meridian, Power County, Idaho, more particularly described as follows:

Commencing at the NE corner of the NW¼ of Section 2, Township 6 South, Range 33 East, Boise Meridian; thence West along the center line of Siphon Road a distance of 1187 feet to the true point of beginning, which is 1455 feet East of the NW corner of said Section 2; thence Southerly 2679.4 feet, more or less, to a point on the Latitudinal center line of Section 2 which is 1178.43 feet from the center quarter corner; thence continuing Southerly 334.4 feet, more or less, to the Airport property line; thence West 50 feet; thence Northerly 3013.8 feet, more or less, to a point in the center line of Siphon Road; thence East 50 feet to the point of beginning.

To HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s), and Grantees(s) heirs and assigns forever. And the said Grantor(s) does (do) hereby covenant to and with the said Grantee(s), the Grantor(s) is/are the owner(s) in fee simple of said premises; that said premises are free from all encumbrances EXCEPT those to which this conveyance is expressly made subject and those made, suffered or done by the Grantee(s); and subject to U.S. Patent reservations, restrictions, dedications, easements, rights of way and agreements, (if any) of record, and current years taxes, levies, and assessments, includes irrigation and utility assessments, (if any) which are not yet due and payable, and that Grantor(s) will warrant and defend the same from all lawful claims whatsoever.

KW

Dated: July 13, 2021

X Valerie Mason
Valerie Mason

State of IDAHO, County of Kootenai

This record was acknowledged before me on 7-13-2021 by Valerie Mason.

• Carin Wallace
Signature of notary public
Commission Expires: 12/5/2022



**Positive Proof Identification
and
Notary Signature Affidavit**

State of Idaho

County of Kootenai

Notary Public: please complete the following:

Notary's Name: Corrin Wallace
(Please Print)

Address: 31845 N. 5th Ave, Spirit Lake, ID 83869

Phone: (208) 623-5700

I, the above described Notary Public, hereby certify that I have checked the identification of those parties who have signed before me and I have attached copies of their driver(s) license(s) or other picture identification. I have verified them to be the same parties as those described in the instruments acknowledged by me.

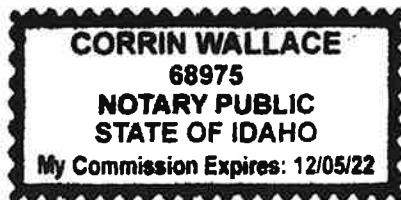
WITNESS my hand in the County and State last aforesaid this 13 day of July, 2021

Corrin Wallace

Notary Public

Commission Expires: 12-05-2022

Notary: Please make copy of driver's license(s), passport, state issued ID card, or military ID card of the clients you are notarizing and return with documents.



CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO. 2019-10696

10/07/2019

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THIS DEATH. OTHER COPIES ARE NOT VALID.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JOHN DAVID MASON AKA DAVID MASON		2. SEX MALE	3. SOCIAL SECURITY NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.	4a. AGE-Last Birthday 69 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) 06/10/1950
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) KIRKWOOD, MISSOURI			
FOR INSTRUCTIONS SEE HANDBOOKS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY POWER	7c. CITY OR TOWN POCATELLO
	7d. STREET AND NUMBER 1819 GOVERNMENT ROAD		7e. APT. NO. 83204	7f. ZIP CODE 83204
PARENTS	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) VALEREE ROSAMUND VANDEVERE	
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI	
INFORMANT	11a. FATHER'S NAME (First, Middle, Last, Suffix) RALPH ALLEN MASON		12a. BIRTHPLACE (State, Territory, or Foreign Country) MISSOURI	
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MAUREEN HOBBS		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1819 GOVERNMENT ROAD POCATELLO, ID 83204-7452	
DISPOSITION	13b. RELATIONSHIP TO DECEDENT WIFE		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) PORTNEUF VALLEY CREMATORY 241 NORTH GARFIELD AVENUE POCATELLO, IDAHO 83204		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY COLONIAL FUNERAL HOME 2005 SOUTH FOURTH AVENUE POCATELLO, IDAHO 83201	
PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BRADLEY S. SPARROW		17b. LICENSE NUMBER (Of licensee) M0867	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify) WINCO PARKING LOT			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) 1030 YELLOWSTONE AVE		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE POCATELLO, ID 83201	
	22. COUNTY OF DEATH BANNOCK		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) October 3, 2019	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) Estimated 18:10 - 18:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 3, 2019	
	26. TIME PRONOUNCED DEAD (24hr) 20:50		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. SUDDEN CARDIAC EVENT DUE TO (or as a consequence of): b. CARDIOVASCULAR DISEASE DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: DIABETES MELLITUS	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)	
CERTIFIER	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: _____	
REGISTRAR	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		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	
	38b. WHAT SAFETY DEVICES(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: ELY L. TAYSON Name, Address, and Zip Code of Certifier (Type or print): ELY L. TAYSON, 141 N. 8TH AVENUE POCATELLO, ID 83201	
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSE, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39b. LICENSE NUMBER		39c. DATE SIGNED 10 / 7 / 2019 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 10 / 7 / 2019 MM DD YYYY	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

OCTOBER 08, 2019

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

PRNCO-0201 05/18

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

State of Idaho
Department of Water Resources
Water Right
29-7294



0 0.035 0.07 0.14 Miles

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



Water Right Report : 29-7294(Decreed/Active)

Water Right Owners

Owner Type	Name	Address	City	State	Postal Code
Current Owner	MASON, JOHN D	1819 GOVERNMENT RD	POCATELLO	ID	83204
Current Owner	MASON, VALERIE	1819 GOVERNMENT RD	POCATELLO	ID	83204
Original Owner	BOYD, BILLY R	RT 1 W SYPHON RD	POCATELLO	ID	83201
Original Owner	BOYD, CAROLYN MARIE	RT 1 W SYPHON RD	POCATELLO	ID	83201

Water Right Status

Priority Date : 11/4/1975
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	06S	33E	2	0	SW	NE	NW	POWER	

Water Uses

Beneficial Use	From	To	Diversion Rate	Volume
IRRIGATION	04/01	10/31	0.12 CFS	28.00 AFA
DOMESTIC	01/01	12/31	0.04 CFS	1.20 AFA
TOTAL			0.12 CFS	29.20 AFA

Places of Use



Place of Use Legal Description : IRRIGATION (POWER county)

Township	Range	Section	Lot	QQQ	QQ	Q	Acres
06S	33E	2			NE	NW	8.0

Irrigation Totals

Total Acres Acre Limit
8.00

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 : 3/22/2004
Permit Proof Due Date : 12/1/1982
Permit Proof Made Date : 6/22/1982
Permit Approved Date : 12/5/1975
Permit Moratorium Expiration Date :
Enlargement Use Priority Date :
Enlargement Statute Priority 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 :

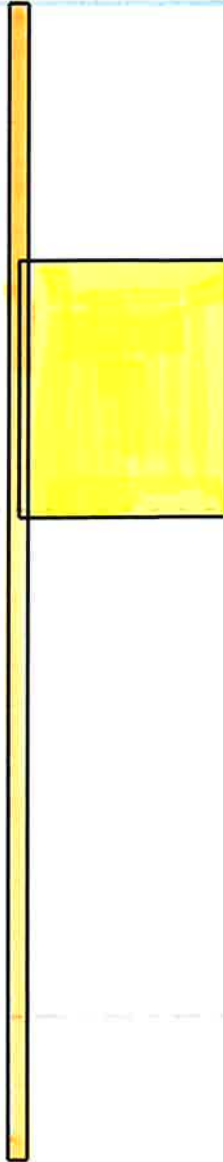
Application Received Date:
Protest Deadline Date:

Swan Falls Dismissed :
DLE Act Number :
Cary Act Number :
Mitigation Plan: False

IDAHO DEPARTMENT OF WATER RESOURCES

11/24/2025

parcel location with edit
? legal.



excepting therefrom

218413 Valerie Mason TO Kindee Wilson

12/9/2025

Scale: 1 inch= 500 feet

File:

Tract 1: 8.4192 Acres (366740 Sq. Feet), Closure: s87.0023e 2.49 ft. (1/978), Perimeter=2434 ft.

Tract 2: 3.4594 Acres (150690 Sq. Feet), Closure: n00.0000e 0.00 ft. (1/999999), Perimeter=6128 ft.

01 /nw,2,6s,33e

02 /n90e 1430

03 /s00e 669.85

04 s00e 669.85

05 n89.44e 547.25

06 n00e 667.433

07 n90w 549.73

08 @0

09 /ne,nw,2,6s,33e

10 /n90w 1187

11 s00e 2679.4

12 s00e 334.4

13 n90w 50

14 n00e 3013.8

15 n90e 50.00



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 17, 2025

KINDEE WILSON
1819 GOVERNMENT RD
POCATELLO ID 83204-7452

Re: Change in Ownership for Water Right No(s): 29-7294

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