

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED ✓
NOV 06 2023
DEPT OF 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?
45-87E	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: Ernest Adams
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Loa K. McLaws
New owner(s) as listed on the conveyance document

Mailing address: 346 W. Rivermont Lane City: Eagle State: ID Zip: 83616
Telephone: 402-305-8582 Email: lkm.gx56@yahoo.com

4. If the water rights and/or adjudication claims were split, how did the division occur?
☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.
5. Date you acquired the water rights and/or claims listed above: _____
6. Do you own the land identified as the water right place of use? Yes ☐ No ☐
 o If no, attach evidence that written notice of the change of water right ownership has been delivered to the landowner of record.
7. This form must be signed and submitted with the following **REQUIRED** items:
☐ A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
☒ Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
☒ Filing fee (see instructions for further explanation):
 o \$25 per undivided water right.
 o \$100 per split water right.
 o No fee is required for pending adjudication claims.
☐ If water right(s) are leased to the Water Supply Bank AND there are multiple owners, a Lessor Designation form is required.
☐ If water right(s) are leased to the Water Supply Bank, the individual owner or designated lessor must complete, sign and submit an IRS Form W-9.

8. Signature: Loa K. McLaws Title, if applicable: _____ Date: Nov. 3, 2023
 Signature of new owner/claimant
Loa K. McLaws
 Print name

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

 Print name

For IDWR Office Use Only:
 Received by: DM Date: 11/7/2023 Receipt No.: 5039986 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: _____ Processed by: DM Date: 3/7/2024

RETURNED

From: Stephanie Hobbs stephaniehobbs@mrwlaw.net
Subject: Recorded Letters Testamentary
Date: Oct 21, 2021 at 3:59:46 PM
To: Steven McLaws sjmclaws@gmail.com
Cc: Pete Wells pete@mrwlaw.net

Steven and Loa,

Please see the attached **Recorded Letters Testamentary**. If you have any questions, please let me know.
Thank you

Stephanie Hobbs

Legal Secretary for Attorney Peter M. Wells
MAY, RAMMELL & WELLS, CHTD.

216 W. Whitman St. Pocatello, Idaho, 83204

1918 Overland Ave. Burley, Idaho, 83318

Telephone: 208-233-0132

Facsimile: 208-234-2961

CERTIFIED

Filed: 10/20/2021 12:34:38
Fifth Judicial District, Cassia County
Joseph W. Larsen, Clerk of the Court
By: Deputy Clerk - Alexis Noemi

Peter M. Wells
MAY, RAMMELL & WELLS, CHTD.
216 W. Whitman Street | P.O. Box 370
Pocatello, Idaho 83204-0370
Telephone: 208-233-0132
Facsimile: 208-234-2961
Idaho State Bar No. 7724
Email: pete@mrwlaw.net

Attorney for Petitioner

Instrument # 2021005492

BURLEY, CASSIA, IDAHO

10-21-2021 12:28:41 PM No. of Pages: 1

Recorded for: MAY RAMMELL & WELLS

JOSEPH LARSEN

Fee: 10.00

Ex-Officio Recorder Deputy

Index to: LETTERS TESTAMENTARY

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF CASSIA

IN THE MATTER OF THE ESTATE OF:

MAXINE MARTIN ADAMS

Deceased

CASE NO. CV2015-210

LETTERS TESTAMENTARY

1. LOA McLAWS is hereby appointed Personal Representative of the estate of Maxine Martin Adams, deceased, with all authority pertaining thereto. Administration of the estate is unsupervised.
2. These letters are issued to evidence appointment, qualification, and authority of the said Personal Representative.

WITNESS, my signature and the Seal of this Court,

10/20/2021 08:36 AM

DATED:

State of Idaho } ss.
County of Cassia

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

Dated 10/20/2021



JOSEPH W. LARSEN

Clerk of District Court

By Naemi Adams

Deputy

Letters Testamentary

MAGISTRATE JUDGE

CASE NO. CV2015-210

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

Date Filed JANUARY 14, 2015

State File No. 2015-00302

DECEDENT - LEGAL NAME MAXINE MARTIN ADAMS			
SEX FEMALE	SOCIAL SECURITY NUMBER	AGE 91 YEARS	DATE OF BIRTH FEBRUARY 10, 1923
BIRTHPLACE BASIN, IDAHO		PLACE OF RESIDENCE OAKLEY, IDAHO	
MARTIAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN SAGERS MARTIN			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME BERTHA FAIRCHILD			BIRTHPLACE IDAHO
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE KERRY R. MORRISON	
NAME AND ADDRESS OF FUNERAL FACILITY MORRISON PAYNE FUNERAL HOME, BURLEY, IDAHO			
DATE OF DEATH JAN. 12, 2015	TIME OF DEATH 4:05 P.M.	CITY, TOWN OR LOCATION OF DEATH BURLEY, IDAHO	COUNTY OF DEATH CASSIA
CAUSE OF DEATH (underlying cause last) a. RUPTURED ABDOMINAL AORTIC ANEURYSM			Approximate Interval Between Onset and Death 1 HOUR
b. DUE TO (or as a consequence of): NONE			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER CRAIG RINEHART		TITLE CORONER
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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: JANUARY 14, 2015

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

PRNCD (Rev) 0912

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR



STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

MAY 29 1997

State of Idaho CERTIFICATE OF DEATH

State File No. **3356**

Local Reg. No. **62**

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN.	DECEDENT - NAME Ernest Victor Adams		SEX Male	DATE OF DEATH (Month, Day, Year) May 17, 1997
	SOCIAL SECURITY NUMBER		AGE - Last Birthday (Yr, Mo, Day) 78	DATE OF BIRTH (Month, Day, Year) Nov 14, 1918
	WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) ☒ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Long-Term Care Facility ☐ Own Residence ☐ Other (Specify)
	FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 1501 Hiland Cassia Regional Medical Center		CITY, TOWN OR LOCATION OF DEATH Burley	COUNTY OF DEATH Cassia
NAME OF DECEDENT If not a resident of Idaho	MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) Maxine Martin	
	RESIDENCE STATE Idaho		COUNTY Cassia	CITY, TOWN OR LOCATION Oakley
	RESIDE CITY LIMITS? ☒ Yes ☐ No		RACE - American Indian, Black, Japanese, White, etc. (Specify) White	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use railroad) Farmer
	HIGHEST GRADE OF EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		ZIP CODE 83346	
PARENTS	FATHER - NAME Romelyn Adams		BIRTHPLACE Idaho	
	MOTHER - FULL MAIDEN NAME Sarah Helen Worthington		BIRTHPLACE Idaho	
INFORMANT	INFORMANT'S NAME (Type/print) Maxine Adams		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 315 N. Wilson Oakley, ID 83346	
	METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oakley Cemetery	
DISPOSITION	SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH (Type/print name) <i>[Signature]</i>		LICENSE NUMBER (If licensed) M-658	
	TIME OF DEATH (Date, Time, and Place) May 17, 1997 10:05 P.M.		WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	
CAUSE OF DEATH 4254	PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardio Respiratory Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 hr	
	SEQUENTIALLY LIST CONDITIONS, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST End Stage Cardiomyopathy		3 yr	
	End Stage Severe Emphysema		5 yr	
	PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
CERTIFIER	CERTIFIER (Check only one) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as 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 as stated.		DATE SIGNED (Month, Day, Year) 5/19/97	
	SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> Homia B. Vania, M.D.		LICENSE NUMBER 4395	
TO BE USED FOR EXTERNAL CAUSES ONLY	DATE OF INJURY (Mo, Day, Yr) May 17, 1997		HOUR OF INJURY 10:05 P.M.	
	PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify)) Home		LOCATION (Street or Route Number, City/Town, or County, and State) Oakley, ID	
CORONER'S REVIEW AREA	CORONER'S ACTION (Check One) ☐ Reviewed Only ☐ Reviewed and/or Amended, and Certified		CORONER'S SIGNATURE <i>[Signature]</i>	
	REGISTRAR'S SIGNATURE <i>[Signature]</i>		DATE FILED (Month, Day, Year) May 23, 1997	

VITAL STATISTIC'S COPY

*At a minimum, complete items 1, 3, 4a, b, c, d, 21a, b, 22, and 25a for the 24 Hour Report & Authorization For Final Disposition

65401

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: **MAR 09 2015**

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

[Signature]
JAMES B. AYDELOTTE
STATE REGISTRAR

PHS-01229 (Rev. 6/94)





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 • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

March 7, 2024

LOA K MC LAWS
346 W RIVERMONT LN
EAGLE ID 83616

Re: Change in Ownership for Water Right No(s): 45-87E

Dear Ms. Mc Laws:

The Idaho Department of Water Resources (Department) received your Notice of Change in Water Right Ownership (Notice) for the above referenced water rights. After further research, the Notice could not be processed due to the following reasons:

- Sufficient proof of your ownership of the property and / or ownership of the water right was not included with the Notice. The Letters Testamentary submitted only indicates that you are Personal Representative for Maxine's affairs. Since the water right is solely in Ernest's name, further documentation is needed to change ownership to you.

In order to change the ownership, adequate chain of title conveying the property from Ernest to you is needed. This would be any Warranty deed(s); Quitclaim deed(s); Court Decree, or other legal documents. The conveyance document(s) must include the legal description of the property or description of the water right, if no land is conveyed.

Because this Notice could not be processed at this time, a refund in the amount of \$25.00 has been requested and will be sent to you under separate cover. If you would like to refile this notice in the future, you may do so with the necessary documents.

Thank you in advance. If you have any questions regarding this matter, please contact me at (208) 736-3033.

Sincerely,

Denise Maline
Administrative Assistant 1

Enclosure(s)

Maline, Denise

From: Maline, Denise
Sent: Thursday, March 7, 2024 11:45 AM
To: IdwrPayable
Subject: Refund request
Attachments: Refund request to McLaws (45-87E).pdf

Good morning,

Attached please find a refund request being submitted for processing please.

Please let me know if you need additional information or have any questions.

Thank you,

Denise @ Southern



Denise Maline, Administrative Assistant I
Idaho Dept. of Water Resources, Southern Region
650 Addison Ave W Ste 500
Twin Falls ID 83301-5858
(208) 293-9908
denise.maline@idwr.idaho.gov

Idaho Department of Water Resources Receipt
Receipt ID: S039986

Payment Amount	\$25.00	Date Received	11/7/2023	Region	SOUTHERN
Payment Type	Check	Check Number	9165		
Payer	MC LAWS, STEVEN J; LOA K				
Comments	CHANGE OF OWNERSHIP FROM ERNEST ADAMS TO LOA K MC LAWS; 45-87E				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	OWNERSHIP CHANGES/SECURITY INTERESTS	64140	0229	21		1155



Signature Line (Department Representative)

Ownership Change returned / not processed: 45-87E

Sufficient proof of ownership showing Mc Laws own the property & / or water right was not included with the filing.

Please issue a \$25.00 refund to:

Loa K or Steven J Mc Laws
346 W Rivermont Ln
Eagle ID 83616-5784
(402) 305-8582

DM
3-7-2024

Maline, Denise

From: Elsa Velasquez <evelasquez@cassia.gov>
Sent: Tuesday, November 28, 2023 4:02 PM
To: Maline, Denise
Subject: Re: Question on property on Wilson Ave in Oakley

CAUTION: This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.

Hello Denise,

I show that the parcel is still under Maxine Adams' name. I don't have any conveyances to McLaws or anyone around that time period. The most recent deed I have is a quitclaim to the Adams in 1988.

On Tue, Nov 28, 2023 at 3:34 PM Maline, Denise <Denise.Maline@idwr.idaho.gov> wrote:

Hi Elsa,

I was wondering if you might be able to help me with another property transaction I am working on. It may have taken place 2015 or before. I am looking for documents in which the seller / grantor is Ernest Adams or Maxine Adams. They would have most likely conveyed the property to their daughter Loa McLaws. The parcel no(s). are RP13S22E337660, 7790 & 7799.

Any help you can provide is MUCH appreciated.

Thank you,

Denise @ IDWR Twin Falls



Denise Maline, Administrative Assistant I

Idaho Dept. of Water Resources, Southern Region



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 • Web: idwr.idaho.gov

Governor Brad Little

Director Mathew Weaver

October 19, 2023

MAXINE ADAMS
346 W RIVERMONT LN
EAGLE ID 83616

Re: Current Ownership for Water Right No(s). 45-87E

Dear Property Owner(s):

The Department is working to clean up water right records and discovered that the ownership may need to be updated for the water right(s) referenced above. The water right reference above is currently in the name of Ernest Adams, however after further research, it was discovered that you may be the current of the property associated with that water right. Enclosed is additional information for your review.

In order to update our records to reflect your ownership of this water right, you will need to file the enclosed Notice of Change in Water Right Ownership. Please complete the form and return to this office with all of the required information within sixty (60) days of the date of this letter.

Thank you in advance for your cooperation. If you have any questions regarding this letter, please feel free to contact our office.

Sincerely,

Denise Maline

Denise Maline
Administrative Assistant

Enclosures

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
650 Addison Ave. W., Ste. 500
Twin Falls, ID 83301-5858

BOISE ID 837

16 DEC 2022 PM 1 L

FIRST-CLASS



US POSTAGE PAID PITNEY BOWES

ZIP 83301
02 7H
0001280685

\$ 000.57⁰
DEC 09 2022

45-87E

ERNEST ADAMS
315 N WILSON ST
OAKLEY ID 83346-8724

NMR
83346-8724

RECEIVED

JAN 06 2023

DEPT OF WATER RES
SOUTHERN REG

NIXIE 980 DE 1 0001/03/23

RETURN TO SENDER
NO MAIL RECEPTACLE
UNABLE TO FORWARD

BC: 83301585825 *1336-07610-16-44

45B

Water District 45B Annual Meeting Notice

45-87E

Per tax parcel info: Maxine Adams, 346 W Rivermont Ln, Eagle ID 83616

Ownership change info sent 10-19-2023

DM