

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAY 26 2026

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/Bonneville Jefferson GWD

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
25-72600K	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: Dean & Hazel Beesley

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Sam Pinson Sara Pinson

New owner(s) as listed on the conveyance document

Name connector ☒ and ☐ or

320 Amy Ln.

Mailing address

Ammon

City

ID

State

83406

Zip

208-709-7922

Telephone

pinsonsara5@gmail.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: July 2013

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: Sara Pinson

Signature of new owner/claimant

Sara Pinson

Print name

Title, if applicable

5/20/26

Date

- Signature: Samuel James Pinson

Signature of new owner/claimant

SAMUEL JAMES PINSON

Print name

Title, if applicable

26 MAY 2026

Date

For IDWR Office Use Only:

Received by cth Date 5/26/26

Receipt No. E051672

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 5/26/2026

WARRANTY DEED

For Value Received,

Hazel Levella Beesley aka Hazel Lavella Beesley, an unmarried woman

GRANTOR(s), do(es) hereby GRANT, BARGAIN, SELL and CONVEY unto

Samuel Pinson and Sara Pinson, husband and wife

GRANTEE(s), whose address is: **320 S Amy Lane, Idaho Falls, ID 83406**

the following described real property, to-wit:

Lot 7, Block 1, MOUNTAIN VIEW ADDITION, DIVISION NO. 2, Bonneville County, State of Idaho, according to the recorded plat thereof.

TO HAVE AND TO HOLD the premises with its appurtenances unto the said Grantees, their heirs and assigns forever. And the said Grantors do hereby covenant to and with the said Grantees, that they are the owners in fee simple of said premises that said premises are free from all encumbrances except the current year's taxes and assessments, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record and that they will warrant and defend the same from all lawful claims whatsoever.

DATED this 20 day of June, 2013.

Hazel Lavella Beesley
Hazel Levella Beesley aka Hazel Lavella Beesley

State of Idaho

County of TWIN FALLS

On this 20th day of June, 2013 before me Samantha Keller, a notary public in and for said State, personally appeared Hazel Levella Beesley aka Hazel Lavella Beesley known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

Samantha Keller
Notary Public
Residing at: TWIN FALLS, ID
Commission Expires: 01/23/2019

**SAMANTHA KELLER
NOTARY PUBLIC
STATE OF IDAHO**

QUITCLAIM DEED

For Value Received, Blake Nuffer & Sandra Mae Nuffer,
husband & wife,

hereby conveys, releases, remises and forever quit claims unto Er
Nazel Leivella Fisher, Widow
whose address is: 2611 Whispering Pine, Twin Falls, ID 83301

the following premises, to wit:

Lot 7, Block 1, Mountain View Addition,
Division No 2, Bonneville County, State of Idaho,
according to the recorded plat thereof.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD. All and singular the said premises, together with the appurtenances, unto the Grantee and to its heirs and assigns forever.

Dated: May 31, 2013

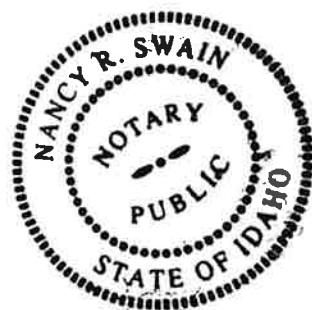
Blake Nuffer
Sandra Mae Nuffer

State of Idaho)
County of Twin Falls)

This instrument is being filed as an accommodation only. It has not been examined as to its execution, insurability or affect on title.

On this 31 day of May, 2013 before me Nancy R Swain, a notary public in and for said State, personally appeared Blake Nuffer and Sandra Mae Nuffer known or identified to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they executed the same.

Nancy R Swain
Notary Public
Residing at: Twin Falls Id 83301
Commission Expires: 8/16/2016



Instrument # 1339586

IDAHO FALLS, BONNEVILLE, IDAHO

7-24-2009 09:56:44 No. of Pages: 1

Recorded for: JANET VANDERSTAPPEN

RONALD LONGMORE

Ex-Officio Recorder Deputy

Index to DEED, QUIT-CLAIM

Fee: 3.00

QUITCLAIM DEED

ORDER NO.:

FOR VALUE RECEIVED, *Hazel L. Beesley*

Do(es) hereby convey, release, remise and forever quit claim unto

Sandra Mae Nuffer

whose current address is:: *1751 E. 1200 S. Eden, Idaho 83325*

the following described premises:

320 Amy Lane

Lot 7, Block 1, Mountainview Div. #2

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

July 17, 2009

Hazel L. Beesley

State of ID

County of Bonneville

On this 17 day of July in the year 2009 before me, a Notary Public in and for said state, personally appeared HAZEL BEESLEY known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

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



[Signature]
Notary Public for the State of Idaho
Residing at: *IDAHO FALLS, ID*
Commission Expires: *1/25/2011*

AFFIDAVIT

Instrument # 1339585

IDAHO FALLS, BONNEVILLE, IDAHO
7-24-2009 09:56:44 No. of Pages: 2
Recorded for: JANET VANDERSTAPPEN
RONALD LONGMORE Fee: 6.00
Ex-Officio Recorder Deputy
Index to: AFFIDAVIT

(Notice For Public Record)

State of Idaho

County of Bonneville

I Hazel L. Beesley, being first duly sworn, on oath depose and say:

That I am ☒ the surviving spouse ☐ a surviving child ☐ identify:

of Harry Dean Beesley who died in the County of Bonneville, State of Idaho, on 9/11

2004, at the age of 76 as evidenced by a certified copy of death certificate ☒ attached hereto

☐ recorded under Instrument No. _____, records of Bonneville County, Idaho;

that the decedent is the same person named in the deed recorded under Instrument No.

_____, in the records of Bonneville County, Idaho. The property is described as

follows: 320 Amy Ln

Lot 7, Block 1, Mountain View Div. #2

☐ the decedent left no will.

☒ the affiant is the decedent's surviving spouse and the estate consists solely of community property of the decedent and the surviving spouse

☐ the decedent left a will executed on _____, _____, which to the best knowledge of affiant said will was the decedent's last will validly executed, and after the exercise of reasonable diligence affiant is unaware of any instrument revoking said will.

☐ decedent is survived by the following persons (names and addresses of the decedent's spouse, children, heirs and devisees, including ages of any who are minors so far known or ascertainable) :

By: Hazel L. Beesley

State of ID

County of Bonneville

On this 17 day of April, in the year 2009 before me, a Notary Public in and for said state, personally appeared Hazel Beesley known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

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

Notary Public for the State of Idaho
Residing at: IDAHO FALLS, ID
Commission Expires: 11/25/2011



CERTIFICATE OF VITAL RECORD

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

DATE FILED BY STATE REGISTRAR:

CERTIFICATE OF DEATH

STATE FILE NO.

Local Reg. No. **532*1**

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX	3. SOCIAL SECURITY NUMBER
	Harry Dean Beesley		Male	
	4a. AGE - Last Birthday (or UNDER 1 YEAR)	4c. UNDER 1 YEAR	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)
	76 (Years)		August 30, 1928	Idaho Falls, Idaho
PARENTS	7. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. CITY OR TOWN	
	Idaho		Idaho Falls	
	8. STREET AND NUMBER		9. APT. NO. 10. ZIP CODE	
	320 South Amy Lane		83406	
INFORMANT	11. MARITAL STATUS AT TIME OF DEATH		12. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		Hazel Fisher	
	13. EVER IN U.S. 11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
	☒ Yes ☐ No Lawrence Beesley		Idaho	
DISPOSITION	12. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		13c. MARRIAGE ADDRESS (Street and Number, City, State, Zip Code)	
	Evelyn May Scott		320 South Amy Lane, Idaho Falls, ID 83406	
	13. INFORMANT'S NAME (Type of informant)		14. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
	Hazel Beesley		Wood Funeral Home 273 N. Ridge Ave., P.O. Box 51434 Idaho Falls, ID 83405	
PLACE OF DEATH	14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, or other place)	
	☒ Burial ☐ Cremation ☐ Entombment ☐ Other (Specify)		Ammon Cemetery Idaho Falls, ID	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (If deceased)	
	Ryan Stever		M-816	
DATE OF DEATH	18. DATE OF DEATH (Mo/Day/Yr)		19. TIME OF DEATH (24-hr)	
	September 11, 1930		1730	
	20. DATE OF DEATH (Mo/Day/Yr)		21. TIME OF DEATH (24-hr)	
	September 11, 2004		1730	
CAUSE OF DEATH	22. CAUSE OF DEATH			
	PART I: Enter the cause of death - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or aneurysm (breakdown without showing the etiology). DO NOT ABBREVIATE. Enter only one cause on a line.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			
	Myocardial Infarction			
CERTIFIER	23. DATE OF DEATH (Mo/Day/Yr)			
	September 11, 2004			
	24. TIME OF DEATH (24-hr)			
	1730			
ITEMS 25-28 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	25. PLACE OF DEATH (19-22)			
	PART II: Enter the cause of death - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or aneurysm (breakdown without showing the etiology). DO NOT ABBREVIATE. Enter only one cause on a line.			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			
	Myocardial Infarction			
STATISTICAL INFORMATION	26. FACILITY NAME (If facility, give street and number)			
	Eastern Idaho Regional Medical Cen			
	27. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE			
	Idaho Falls 83404			
STATISTICAL INFORMATION	28. COUNTY OF DEATH			
	Bonneville			
	29. DATE OF DEATH (Mo/Day/Yr)			
	September 11, 2004			
STATISTICAL INFORMATION	30. TIME OF DEATH (24-hr)			
	1730			
	31. MANNER OF DEATH			
	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined			
STATISTICAL INFORMATION	32. DATE OF INJURY (Mo/Day/Yr)			
	33. TIME OF INJURY			
STATISTICAL INFORMATION	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, riding horse, restaurant, forest, etc.)			
	35. INJURY AT WORK?			
	☐ Yes ☒ No			
STATISTICAL INFORMATION	36. LOCATION OF INJURY			
	State _____ City/Town or County _____ 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.			
STATISTICAL INFORMATION	38. TRANSPORTATION INJURY: WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Injured Only			
	☐ Driver/Operator ☐ Passenger ☐ Injured Only ☐ Other (Specify)			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate)			
	☒ Physician ☐ Coroner ☐ Other (Specify)			
STATISTICAL INFORMATION	39b. DATE SIGNED			
	09.21.2004			
	39c. LICENSE NUMBER			
STATISTICAL INFORMATION	40. SIGNATURE AND TITLE OF CERTIFIER			
	Don Walker, Bonneville County Coroner, 2070 Ross Avenue, Idaho Falls, ID 83404			
	41. CORONER'S SUBSEQUENT SIGNATURE (If necessary, the coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record)			
STATISTICAL INFORMATION	42. SIGNATURE AND TITLE OF REGISTRAR			
	Sara J. Landon - Asst. Registrar			
	43. DATE SIGNED			
	09.21.2004			

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

DATE ISSUED:

Sept. 21, 2004

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

JANE S. SMITH
STATE REGISTRAR



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

May 26, 2026

SAMUEL PINSON
320 AMY LN
AMMON ID 83406-4544

SARA PINSON
320 AMY LN
AMMON ID 83406-4544

PERCY M WRAUGHT
290 AMY LN
IDAHO FALLS ID 83406

Re: Change in Ownership for Water Right No(s): 25-7268

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