

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

JUL 21 2026

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. WD120

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
25-14402	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: Mary Ann Cherry
Name of current water right holder/claimant

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

<u>760 West Riverview Dr.</u>	<u>Idaho Falls</u>	<u>ID</u>	<u>83401</u>
Mailing address	City	State	Zip
<u>208-219-0998</u>	<u>maryanncherry@icloud.com</u>		
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: Change of Name

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):
 - ☐ \$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: Mary Ann Lee Title, if applicable _____ Date _____
 Signature of new owner/claimant
Mary Ann Lee
 Print name

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

 Print name

For IDWR Office Use Only: No fee required

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 JB Processed by JB Date 7/21/2026

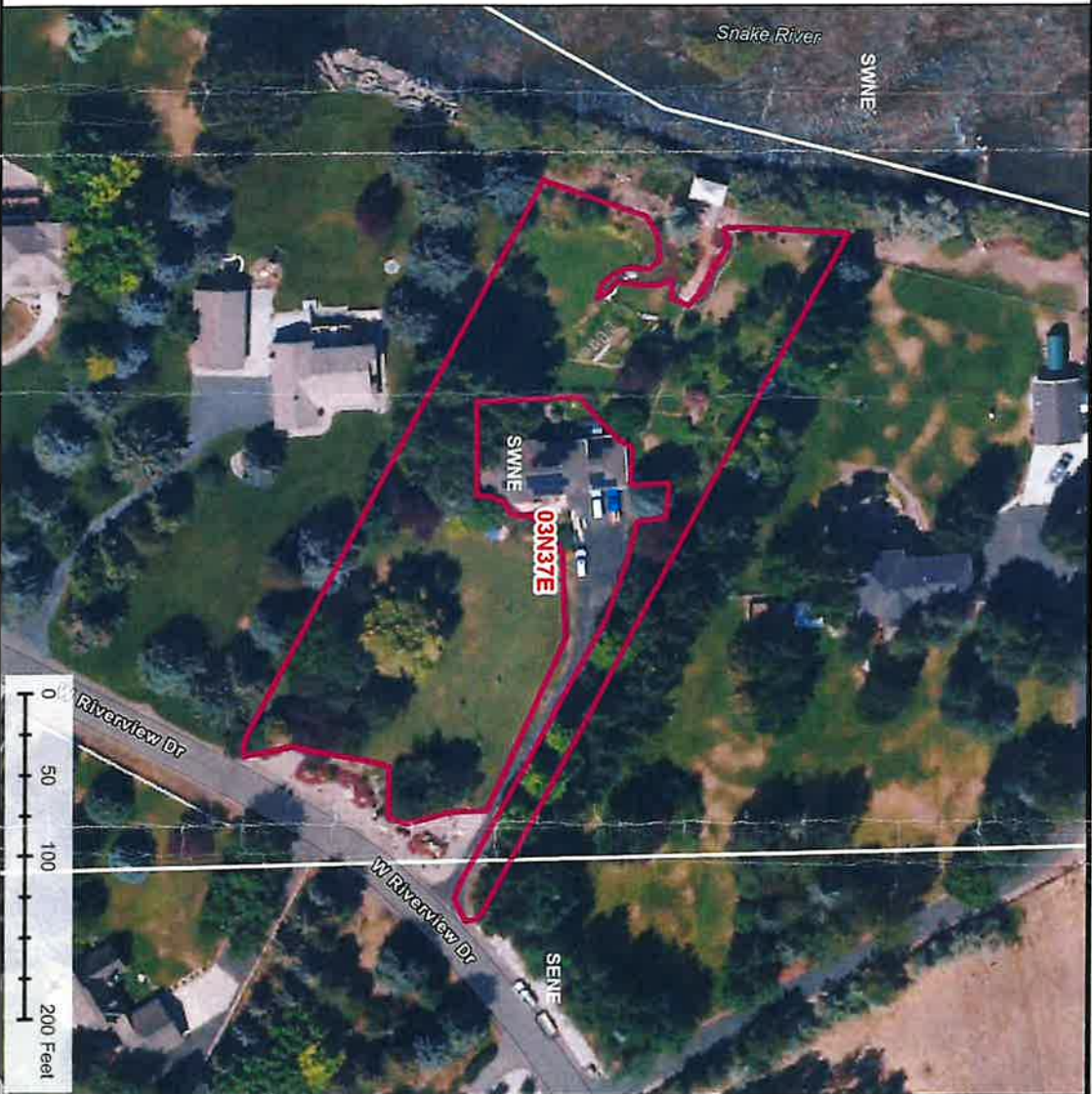
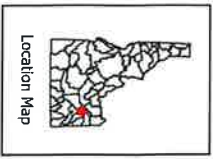
Remove Robert Cherry - death certificate, change Mary Ann's last name.



Case Number:
E2025-4123

Case Name: Mary Cherry
Failure to Curtail ESPA
2025

- Subject Land
- Township/Range
- QQ



Imagery Date: 2025

Print Date: 4/15/2026

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, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, RAISED SEAL, SHALL BE USED AS PROOF OF DEATH FOR ANY PURPOSES OTHER THAN IDAHO CODES.

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ROBERT STEPHEN CHERRY		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 68 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		5. DATE OF BIRTH (Mo/Day/Yr) 07/06/1955	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) ENGLEWOOD, NEW JERSEY		7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO			
	7b. CITY OR TOWN BONNEVILLE		7c. CITY OR TOWN IDAHO FALLS			
	7d. STREET AND NUMBER 760 WEST RIVERVIEW DRIVE		7e. APT. NO. 83401		7f. ZIP CODE 83401	
	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No		8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) EDWARD FERDINAND CHERRY		11b. BIRTHPLACE (State, Territory, or Foreign Country) PENNSYLVANIA	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) JEANNE MARIE SOWA		12b. BIRTHPLACE (State, Territory, or Foreign Country) NEW YORK		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 760 WEST RIVERVIEW DRIVE 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 273 NORTH RIDGE AVENUE IDAHO FALLS, IDAHO 83402		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: COLE FOSTER		17b. LICENSE NUMBER (Of licensee) M1863		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
PLACE OF DEATH (19-22) 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ D/OA 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☒ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) 20. FACILITY NAME (If not facility, give street and number) LINCOLN COURT RETIREMENT COMMUNITY						
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) October 14, 2023						
24. TIME OF DEATH (24hr) 09:30						
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) October 14, 2023						
26. TIME PRONOUNCED DEAD (24hr) 09:30						
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. INANITION DUE TO (or as a consequence of): b. PARKINSON'S 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: 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 42 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 ☐ Homicide ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be determined 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 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Pedestrian ☐ Other (Specify) ☐ 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: WALLACE C. BAKER, M.D. 39b. LICENSE NUMBER M-06919 39c. DATE SIGNED 10 / 19 / 2023 MM DD YYYY						
40a. REGISTRAR'S SIGNATURE <i>James B. Galtte</i> 40b. DATE SIGNED 10 / 23 / 2023 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.

DATE ISSUED: October 23, 2023

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

Rev. 07/26/20

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JAMES B. AYDELOTTE
STATE REGISTRAR

Vital Statistics
P.O. Box 83720
Boise, Idaho 83720-0036

STATE OF IDAHO

State File No. _____

County of BONNEVILLE

Marriage License

County File No. 1796773

KNOW ALL PERSONS BY THIS CERTIFICATE: That any regularly ordained minister of the Gospel, authorized by the rites and usages of the church or denomination or religious body of which said minister is a member, or any judge or competent officer to whom this may come, not knowing of any lawful impediments thereto, is hereby authorized and empowered to solemnize the rites of Matrimony between:

1. Full Name <u>MICHAEL JOHN LEE</u>	12. Full Name <u>MARY ANN CHERRY</u>
2. Title (select one) <u>BRIDE</u> ☒ <u>GROOM</u> ☒ <u>PARTNER</u> ☐ 3. Sex <u>MALE</u>	13. Title (select one) ☒ <u>BRIDE</u> ☒ <u>GROOM</u> ☒ <u>PARTNER</u> ☐ 14. Sex <u>FEMALE</u>
4. Address <u>IDAHO FALLS, BONNEVILLE, IDAHO</u>	15. Address <u>IDAHO FALLS, BONNEVILLE, IDAHO</u>
City _____ County _____ State _____	City _____ County _____ State _____
5. Age <u>71</u> 6. Race <u>WHITE</u> 7. Single ☐ 8. Widowed ☒ 9. Divorced ☐	16. Age <u>73</u> 17. Race <u>WHITE</u> 18. Single ☐ 19. Widowed ☒ 20. Divorced ☐
10. Maiden name if previously married <u>LEE</u>	10. Maiden name if previously married <u>LLOYD</u>
11. Birthplace: City <u>IDAHO FALLS</u> State <u>IDAHO</u>	12. Birthplace: City <u>JACKSONVILLE</u> State <u>FLORIDA</u>

And to certify the same to said parties, or either of them, under the hand and seal, in their ministerial or official capacity, and thereupon is required to return this certificate in form following as hereto annexed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal, at
IDAHO FALLS, BONNEVILLE County, Idaho this
10TH day of SEPTEMBER, A.D. 2025



CHRIS POULTER

Recorder

Deputy Recorder

Marriage Certificate

I, Linda J Cook, a Magistrate Judge (Ret.)
residing in the city of Idaho Falls, in the county of Bonneville, in the state of Idaho
do certify that, in accordance with the authority on me conferred by the above license, I did on this 12 day of September
in the year A.D. 2025 in the city of Idaho Falls in the county of Bonneville
in the state of Idaho, solemnize the rites of matrimony between

MICHAEL JOHN LEE of IDAHO FALLS
in the county/province of BONNEVILLE, of the state/country of IDAHO
and MARY ANN CHERRY of IDAHO FALLS
in the county/province of BONNEVILLE, of the state/country of IDAHO
in the presence of Sylvia Medina and _____

WITNESS my hand at the county aforesaid, this 12th day of September, A.D. 2025.

In the presence of:

Sylvia
and _____

Officiant's Signature Linda J Cook

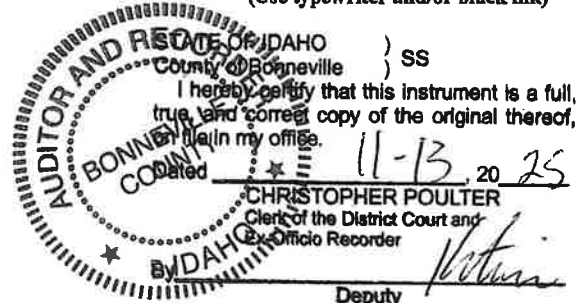
Officiant's Mailing Address 605 N. Capital Ave
Idaho Falls ID 83402

Date Received 9/12/25
By County Recorder _____; Signature Chris Poulter

Date Received _____
by State Registrar _____

Officiant should send this copy back to the County Recorder immediately.
(Revised 2/19)

(Use typewriter and/or black ink)





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

July 21, 2026

MARY ANN LEE
760 W RIVERVIEW DR
IDAHO FALLS ID 83401-5676

Re: Change in Ownership for Water Right No(s): 25-14402

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 208-497-3787.

Sincerely,

Jonie Baily
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 120