

AUG 05 2026

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESDEPT. 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 34

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
34-00134 <u>OK</u>	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: Robert W Shawver Peggy Shawver
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Rick M Shawver, Sole Trustee Shawver Family Trust dated May 9, 2019
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or
- 179 West 265 North Blackfoot ID 83221
Mailing address City State Zip
208-604-2027 igpotato@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: May 9 2019
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: Rick M Shawver 8-5-2026
Signature of new owner/claimant Title, if applicable Date
Rick M Shawver Sole trustee Shawver Family Trust
Print name

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

Print name

Received by M. Pettis Date 8-5-26 For IDWR Office Use Only: Receipt No. E051830 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 JB Date 8/13/2026

RECORDING REQUESTED BY:

Recorded Electronically	
ID	256567
County	Custer
Date	6/11/2019 Time 3:20 PM
Simplifile.com 800.460.5657	

space above this line for Recording use only

QUIT CLAIM DEED

THIS INDENTURE, made this 9 day of May, 2019, between ROBERT WARREN SHAWVER and PEGGY EFFA SHAWVER, Grantors, and ROBERT WARREN SHAWVER and RICK M. SHAWVER, Co-Trustees of the SHAWVER FAMILY TRUST u/d/t May 9, 2019, of 179 W. 265N., Blackfoot, ID 83221, Grantee.

WITNESSETH: That the said Grantors, for good and valuable consideration paid by the said Grantee, the receipt whereof is hereby acknowledged, does by these presents demise, release and forever quit claim unto the said Grantee, and to Grantee's heirs and assigns all the certain land situate, lying and being in the County of Custer State of Idaho, described as follows, to wit:

H.E. Survey No. 103, embracing a portion of the unsurveyed public domain, Idaho, more particularly bounded and described as follows:

Beginning at Corner No. 1, from which the West Quarter Corner of Section Nineteen (19) in Township Four (4) North, Range Twenty-four (24) East of the Boise Meridian bears South 85°34' East 86 and 37/100 chains distant; thence North 23°25' West 27 and 1/10 chains to Corner No. 2; thence South 49°23' West 59 and 8/300 chains to Corner No. 3; thence South 23°6' East 26 and 66/100 chains to Corner No. 4; thence North 49°48' East 59 and 96/100 chains to Corner No. 1, the place of beginning, containing 153 and 84/100 acres, together with all water rights belonging to said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, including all water rights.

Subject to all existing rights-of-ways for public highways, protective covenants, utility lines, existing roadways, irrigation ditches and all building, zoning and other restrictions of use and all encumbrances of record.

TO HAVE AND TO HOLD, all and singular, the said premises, together with the appurtenances and privileges thereto incident, unto the said Grantee and to Grantee's heirs and assigns forever.

IN WITNESS WHEREOF, the said Grantors hereunto sets their hand the day and year first above written.

Robert Shawver
Robert Shawver

Peggy Shawver
Peggy Shawver

STATE OF IDAHO)

: ss.

County of Bingham)

On this 9 day of May, 2019, before me, Dwight E. Baker, a Notary Public in and for the State of Idaho, personally appeared Peggy Shawver and Robert Shawver, known to me to be the persons whose name are 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.

Dwight E. Baker
Notary Public for Idaho
Residing at: Blackfoot
My Commission Expires: 1-7-24



CERTIFICATE OF TRUST

STATE OF IDAHO)
 :SS
County of Bingham)

Rick M. Shawver being first duly sworn, deposes and says:

1. The name of the Trust is the SHAWVER FAMILY TRUST.
2. The name of the Trustors are Robert Warren Shawver and Peggy Effa Shawver.
3. The name of the original and currently acting Co-Trustees are Robert Warren Shawver and Rick M. Shawver.
4. The Trust is Revocable during the joint life times of Robert Warren Shawver and Peggy Effa Shawver.
5. The persons with Power to Revoke, Amend or Withdraw are Robert Warren Shawver and Peggy Effa Shawver.
6. The form to which title to assets of the trust are to be taken is "Robert Warren Shawver and Rick M. Shawver, Co-Trustees of the SHAWVER FAMILY TRUST w/d/t May 9, 2019."
7. The powers of the Trustee are "all powers conferred upon a trustee by the laws of the State of Idaho, including, but not limited to, those granted in the Uniform Trustees Powers Act, as amended."

This Certificate of Trust is executed as evidence of the existence of the Trust, the terms and conditions of which are incorporated herein by reference. By the terms of the Trust, upon the death, resignation, or incapacity of a Co-Trustee, the Successor Co-Trustee shall become acting trustee, without further act, bond or order.

The statements contained in this Trust Certificate are true and correct and there are no other provisions in the trust instrument, or amendments to it, that limit the powers of the Trustee to sell, convey, pledge, mortgage, lease, or transfer title to interest in real or personal property.

Rick M. Shawver
Co-Trustee

STATE OF IDAHO)
 ss:
County of Bingham)

On this 20th day of June, 2019, before me, Kayla Jennings, personally appeared, Rick M. Shawver, known or identified to me, to be the person whose name is subscribed to the within instrument as Co-Trustee of the SHAWVER FAMILY TRUST w/d/t May 9, 2019, and acknowledged to me that he executed the same as such Co-Trustee.

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



Kayla Jennings
Notary Public
Residing at: Blackfoot
My Commission Expires 8-6-2021

STATE OF IDAHO

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. 2024-00136

01/10/2024

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 THE DEATH UNDER IDAHO LAWS 24-2101 AND 24-2102

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BOB SHAWVER AKA ROBERT WARREN SHAWVER		2. SEX MALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE Last Birthday 89 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		5. DATE OF BIRTH (Mo/Day/Yr) 12/29/1934	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BINGHAM		7c. CITY OR TOWN BLACKFOOT	
	7d. STREET AND NUMBER 143 S 1200 W		7e. APT. NO.		7f. ZIP CODE 83221	
FOR INSTRUCTIONS SEE HANDBOOKS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) PEGGY EFFA MILES			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS			
PARENTS	11b. FATHER'S NAME (First, Middle, Last, Suffix) KENNETH CLARENCE SHAWVER		12a. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA			
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) CRYSTAL VERA LUDI		13a. MAILING ADDRESS (Street and Number, City, State, Zip Code) 143 S 1200 W BLACKFOOT, ID 83221			
INFORMANT	13b. RELATIONSHIP TO DECEDENT SPOUSE		14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)			
	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) RIVERSIDE-THOMAS CEMETERY 939 W. HIGHWAY 39 BLACKFOOT, IDAHO 83221		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221			
DISPOSITION	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN T. DIETRICH		17b. LICENSE NUMBER (For licensee) M0748		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ DOA ☐ Hospice facility		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
PLACE OF DEATH	20. FACILITY NAME (If not facility, give street and number) PORTNEUF MEDICAL CENTER		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) January 2, 2024		24. TIME OF DEATH (24hr) 11:56		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 2, 2024	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 11:56		27. CAUSE OF DEATH Approximate Time Interval: Onset to 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. CARDIAC ARREST DUE TO (or as a consequence of): b. RESPIRATORY FAILURE DUE TO (or as a consequence of): c. HYPOTENSION DUE TO (or as a consequence of):					
CERTIFIER	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. IF FEMALE (Aged 10-44): ☐ 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		30. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)			
ITEMS 32-35 TO BE USED FOR EXTERNAL CAUSES ONLY (ECONOMIC)	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			
CERTIFIER	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. LICENSE NUMBER M-11342	
	39b. 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) as shown 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) as shown stated.		39c. DATE SIGNED 1 / 9 / 2024 MM DD YYYY			
REGISTRAR	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DAVID L. FRANCIS, 2928 MICHELLE STREET POCATELLO, ID 83201		40a. REGISTRAR'S SIGNATURE James B. Galtte			
	40b. REGISTRAR'S SIGNATURE		40c. DATE SIGNED 1 / 10 / 2024 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.

JANUARY 11, 2024

DATE ISSUED:

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF IDAHO
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: 06/28/2024		State of Idaho CERTIFICATE OF DEATH		STATE FILE NO. 2024-07926	
DECEDENT					
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
PEGGY EFFA SHAWVER		FEMALE			
4a. AGE-Last Birthday 4b. UNDER 1 YEAR 4c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr)		6. BIRTHPLACE (City and State, Territory, or Foreign Country)			
88 (Years) Months Days Hours Minutes 04/09/1936		CORNISH, UTAH			
7a. RESIDENCE - STATE OR FOREIGN COUNTRY 7b. COUNTY		7c. CITY OR TOWN			
IDAHO BINGHAM		BLACKFOOT			
7d. STREET AND NUMBER		7e. APT. NO.		7f. ZIP CODE	7g. INSIDE CITY LIMITS?
143 S 1200 W				83221	☐ Yes ☒ No
8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (if wife, give maiden name)			
☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown					
10. EVER IN U.S. ARMED FORCES?		11a. BIRTHPLACE (State, Territory, or Foreign Country)			
☐ Yes ☒ No		UTAH			
11b. BIRTHPLACE (State, Territory, or Foreign Country)		UTAH			
12a. INFORMANT'S NAME (Type or print)		13a. RELATIONSHIP TO DECEDENT		13b. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
RICK SHAWVER		SON		179 W 265 N BLACKFOOT, ID 83221	
14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		RIVERSIDE-THOMAS CEMETERY 939 W. HIGHWAY 39 BLACKFOOT, IDAHO 83221		HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221	
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of licensee)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?	
ELECTRONICALLY FILED: KEVIN T. DIETRICH		M0748		☐ Yes ☒ No	
19a. IF DEATH OCCURRED IN A HOSPITAL: 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:		PLACE OF DEATH (19-22)			
☒ Inpatient ☐ Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)					
20. FACILITY NAME (If not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		22. COUNTY OF DEATH	
EASTERN IDAHO REGIONAL MEDICAL CENTER		IDAHO FALLS, ID 83404		BONNEVILLE	
23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)	26. TIME PRONOUNCED DEAD (24hr)	
June 18, 2024		21:19	June 18, 2024	21:19	
27. CAUSE OF DEATH		Approximate Time Interval: Onset to 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.		1 DAY			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		ACUTE ISCHEMIC STROKE CEREBRAL INFARCTION DUE TO THROMBOSIS			
a. DUE TO (or as a consequence of):					
b. DUE TO (or as a consequence of):					
c. DUE TO (or as a consequence of):					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I		28a. WAS AN AUTOPSY PERFORMED?			
CAD; HTN		☐ Yes ☒ No			
29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 15-54):		31. MANNER OF DEATH	
☐ Yes ☐ Probably ☒ No ☐ Unknown		☐ 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		☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ 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:		37. DESCRIBE HOW INJURY OCCURRED, IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.)			
State _____ City/Town or County _____ Zip Code _____		SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, IF APPLICABLE			
Street and Number or Location _____ Apartment Number _____					
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?			
INJURY ONLY ☐ Driver/Operator ☐ Passenger ☐ 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)		39b. LICENSE NUMBER			
☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☒ ADVANCED PRACTICE REGISTERED NURSE		N-66593			
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.		39c. DATE SIGNED			
☐ 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.		6 / 26 / 2024			
Signature and Title of Certifier: ELECTRONICALLY SIGNED: JACKLYN L. HAGG, N.P.		MM DD YYYY			
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		40a. REGISTRAR'S SIGNATURE			
JACKLYN L. HAGG, 3100 CHANNING WAY IDAHO FALLS, ID 83401		James B. Aydelotte			
40b. REGISTRAR'S SIGNATURE		40c. DATE SIGNED			
		6 / 28 / 2024			
		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.

JULY 01, 2024

DATE ISSUED:

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

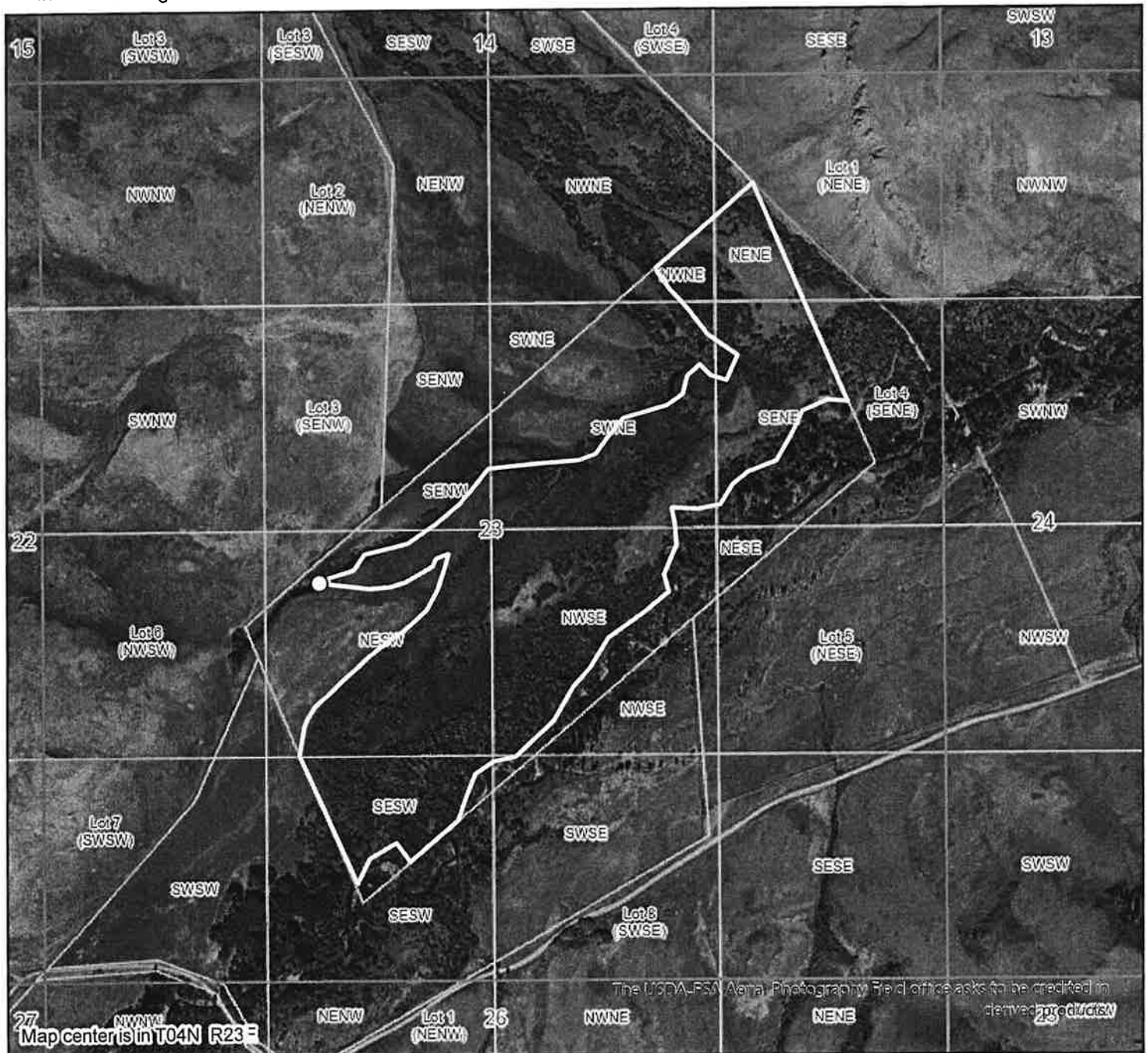
State of Idaho
Department of Water Resources

Water Right

34-134

IRRIGATION

The map depicts the place of use for the water use listed above and point(s) of diversion of this right as currently derived from interpretations of the paper records and is used solely for illustrative purposes. Discrepancies between the computer representation and the permanent document file will be resolved in favor of the actual water right documents in the water right file.



The USDA-FS Aerial Photography Field office asks to be credited in derived products

Legend

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



Date created: 7/25/2026

Water Right Report : 34-134(Decreed/Active)

Water Right Owners

Owner Type	Name	Address	City	State	Postal Code
Current Owner	SHAWVER, PEGGY	143 S 1200 W	BLACKFOOT	ID	83221-6076
Current Owner	SHAWVER, ROBERT W	143 S 1200 W	BLACKFOOT	ID	83221-6076

Water Right Status

Priority Date : 5/15/1902

Basis : Decreed

Status : Active

Water Source

Source	Source Qualifier	Tributary	Tributary Qualifier
BIG SPRINGS		ANTELOPE CREEK	

Points Of Diversion (Location)

Source	Township	Range	Section	Govt. Lot	QQQ	QQ	Q	County	Diversion Type
BIG SPRINGS	04N	23E	23	0	NW	NE	SW	CUSTER	

Water Uses

Beneficial Use	From	To	Diversion Rate	Volume
IRRIGATION	5/01	10/15	2.09 CFS	
TOTAL			2.09 CFS	

Places of Use

Paged View

Place of Use Legal Description : IRRIGATION (CUSTER county)

Township	Range	Section	Lot	QQQ	QQ	Q	Acres
04N	23E	23		NE	NE	4.0	
04N	23E	23		NW	NE	3.0	
04N	23E	23		SW	NE	17.0	
04N	23E	23		SE	NE	13.0	
04N	23E	23		SE	NW	2.0	
04N	23E	23		NE	SW	25.0	
04N	23E	23		NE	SE	5.0	
04N	23E	23		NW	SE	25.0	

Irrigation Totals

Total Acres Acre Limit

94.00

Conditions

Code Conditions

- S34 THE PERIOD OF USE FOR IRRIGATION DESCRIBED ABOVE MAY BE EXTENDED IN SEASONS OF UNUSUAL CHARACTERISTICS TO A BEGINNING DATE OF 04-20 AND AN ENDING DATE OF 10-31 AT THE DISCRETION OF THE DIRECTOR OF THE IDAHO DEPARTMENT OF WATER RESOURCES.
- 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.
- C05 RIGHT INCLUDES ACCOMPLISHED CHANGE IN PLACE OF USE PURSUANT TO SECTION 42-1425, IDAHO CODE.

Dates

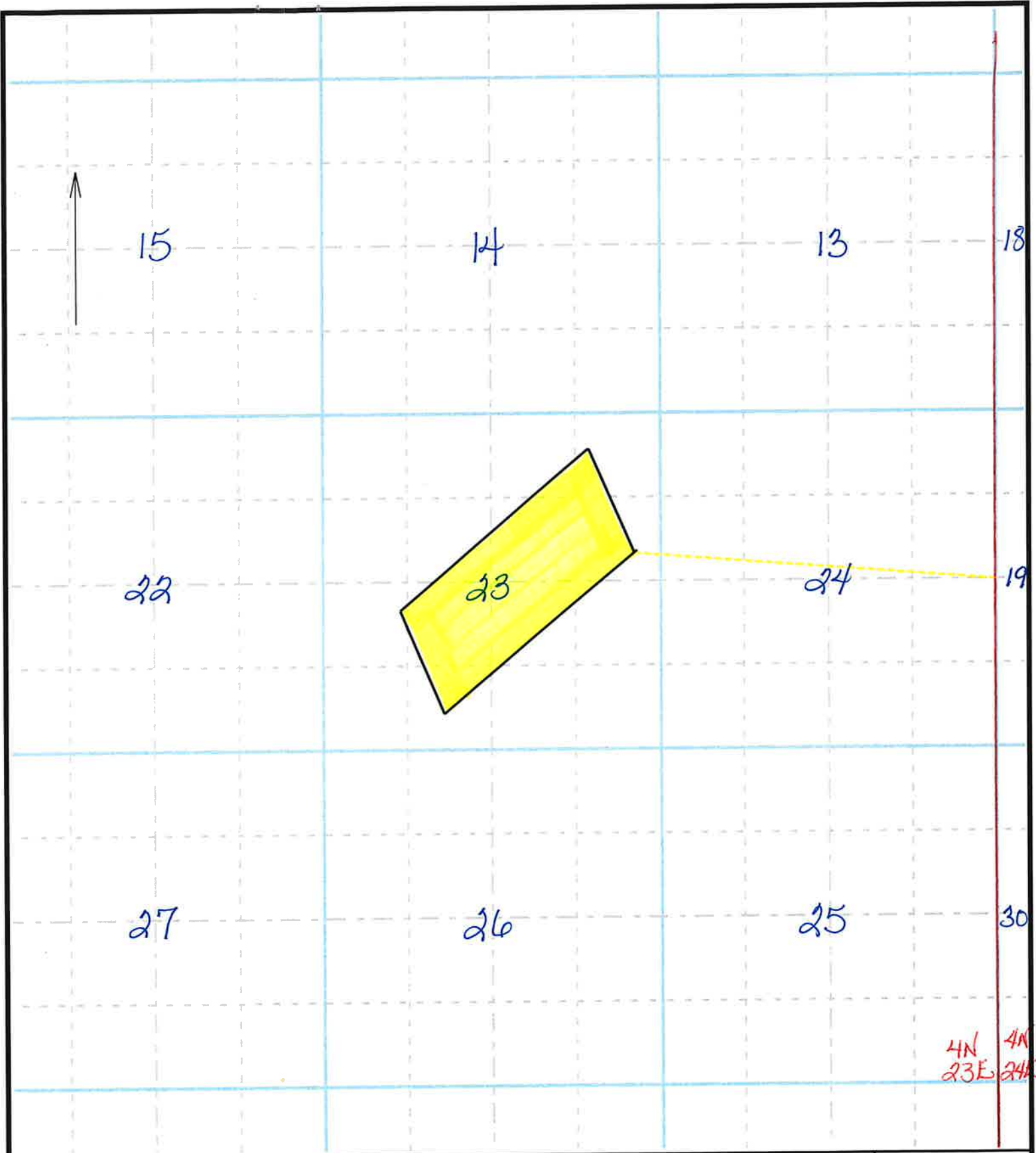
Licensed Date :
Decreed Date : 12/14/2001
Permit Proof Due Date :
Permit Proof Made Date :
Permit Approved Date :
Permit Moratorium Expiration Date :
Enlargement Use Priority Date :
Enlargement Statute Priority Date :
Application Received Date:
Protest Deadline Date:

Other Information

State or Federal : S
Water District Number : 34
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

IDAHO DEPARTMENT OF WATER RESOURCES

8/5/2026



8/6/2026

Scale: 1 inch= 2000 feet

File:

Tract 1: 152.8061 Acres, Closure: s47.3715w 60.61 ft. (1/188), Perimeter=11402 ft.

01 /nw,sw,19,4n,24e
 02 /n85.34w 5700.42
 03 n23.25w 1788.6
 04 s49.23w 3895.98
 05 s23.06e 1759.56
 06 n49.48e 3957.36



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

August 13, 2026

SHAWVER FAMILY TRUST
179 W 265 N
BLACKFOOT ID 83221-5182

Re: Change in Ownership for Water Right No(s): 34-134

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 Bailly
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 34