

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED ✓

MAY 26 2026

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

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?
47-11685	Yes ☐	Yes ☐		Yes ☐	Yes ☐
47-11686	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐
	Yes ☐	Yes ☐		Yes ☐	Yes ☐

2. Previous Owner's Name: WILLIAM E. KEVAN
Name of current water right holder/claimant

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

3462 N 2500E
Mailing address

TWIN FALLS ID 83301
City State Zip

503 710 0200
Telephone

KEVAN FARMS @ 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: 09/18/25
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: [Signature] Title, if applicable: _____ Date: 05/26/26
 Signature of new owner/claimant
AARON KEVAN
 Print name

SUPPORT DATA
IN FILE # 47-11685

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

 Print name

For IDWR Office Use Only:

Received by: DM Date: 5-26-2026 Receipt No. 5041075 Receipt Amt. \$50-

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: 8/4/2026

Stacey L. Lucich
Attorney-at-Law
1216 Filer Avenue East
Twin Falls, ID 83301
(208) 733-3019
ISB#8194

TWIN FALLS COUNTY

Recorded for:

STACEY L LUCICH
2:37:44 PM 09-06-2012

2012-017059

No. Pages:1 Fee: \$ 10.00

KRISTINA GLASCOCK

County Clerk

Deputy: DWRIGHT

DISTRICT COURT
TWIN FALLS CO. IDAHO
FILED

2012 AUG 24 PM 12:53

Y _____ CLERK

DEPUTY

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

IN THE MATTER OF THE ESTATE OF)

WILLIAM EUGENE KEVAN)

Deceased.)

CASE NO. CV-12-3575

LETTERS TESTAMENTARY
(I.C. 15-3-702)

1. BARBARA W. KEVAN was duly appointed and qualified as General Personal Representative of the estate of the above-named decedent by the Court with all authority pertaining thereto.
2. Administration of the estate is unsupervised.

These letters are issued to evidence the appointment, qualification, and authority of the said personal representative or special administrator.

WITNESS, my signature and the Seal of this Court, this 24
day of August, 20 12.

/s/ ROGER HARRIS
MAGISTRATE

State of Idaho
County of Twin Falls, ss. 8-28-12
I hereby certify the foregoing to be a full, true
and correct copy of the original on file in the
above entitled action. 16

KRISTINA GLASCOCK
CLERK OF THE DISTRICT COURT
By Kristina Glascock
COURT SERVICES

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF 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, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §36-2101 AND §36-2114, IDAHO CODE

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) WILLIAM EUGENE KEVAN		2. SEX MALE		3. SOCIAL SECURITY NUMBER	
	4a. AGE-Last Birthday 88 (Years)		4b. UNDER 1 YEAR Months: Days: Hours: Minutes:		4c. UNDER 1 DAY Hours: Minutes:	
	5. DATE OF BIRTH (Mo/Day/Yr) 07/04/1921		6. BIRTHPLACE (City and State, Territory, or Foreign Country) TWIN FALLS, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY TWIN FALLS		7c. CITY OR TOWN TWIN FALLS	
	7d. STREET AND NUMBER 3462 N. 2500 E.		7e. APT. NO. 83301		7f. ZIP CODE 83301	
MORTICIAN	6. 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) BARBARA WARNER			
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) CHARLES KEVAN		11b. BIRTHPLACE (State, Territory, or Foreign Country) IOWA	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) KATE NICHOLSON		12b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA			
	13a. INFORMANT'S NAME (Type or print) BARBARA KEVAN		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3462 N. 2500 E. TWIN FALLS, ID 83301	
	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) PARKE'S MAGIC VALLEY CREMATORY 2551 KIMBERLY ROAD TWIN FALLS, IDAHO 83301		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PARKE'S MAGIC VALLEY FUNERAL HOME 2551 KIMBERLY ROAD TWIN FALLS, IDAHO 83301	
PLACE OF DEATH	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BRETT H. BUCKLEY		* 17b. LICENSE NUMBER (Of licensee) M1072		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DCA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify):					
	* 20. FACILITY NAME (If not facility, give street and number) 3462 N. 2500 E.		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE TWIN FALLS, ID 83301		* 22. COUNTY OF DEATH TWIN FALLS	
	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 24, 2010		24. TIME OF DEATH 10:30 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 24, 2010	
			26. TIME PRONOUNCED DEAD 10:30 (24hr)			
DATE 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. CONGESTIVE HEART FAILURE DUE TO (or as a consequence of):					
	b. CHRONIC RENAL FAILURE DUE TO (or as a consequence of):					
	c. SYSTEMIC HYPERTENSION 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: BLADDER CARCINOMA					
CAUSE OF DEATH	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		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be determined		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No			
	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:					
CERTIFIER	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: TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify):					
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
	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 PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> 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: RONALD K. FULLMER, M.D.					
	* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) RONALD K. FULLMER, 570 SHOUP AVENUE WEST TWIN FALLS, ID 83301					
REGISTRAR	40a. REGISTRAR'S SIGNATURE		40b. DATE SIGNED 2 / 25 / 2010 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: Feb 26, 2010

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

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Accommodation - RA
TitleFact, Inc.
163 Fourth Avenue North
P.O. Box 486
Twin Falls, Idaho 83303

THIS INSTRUMENT FILED FOR
RECORD BY TITLEFACT, INC. AS
AN ACCOMMODATION ONLY. IT
HAS NOT BEEN EXAMINED AS TO
ITS EXECUTION OR AS TO ITS
EFFECT UPON THE TITLE.

TWIN FALLS COUNTY
RECORDED FOR:
TITLEFACT, INC.
11:39:15 AM 09-18-2025
2025012815
NO. PAGES 4 FEE: \$15.00
KRISTINA GLASCOCK
COUNTY CLERK
DEPUTY: AP
Electronically Recorded by Simplifile

**** SPACE ABOVE FOR RECORDER ****

QUITCLAIM DEED

For Value Received MARY KEVAN, Successor Trustee of THE BARBARA WARNER KEVAN REVOCABLE TRUST, dated December 20, 2012 and amended February 11, 2015, does hereby convey, remise and forever quit claim unto AARON W. KEVAN, a married man dealing with his sole and separate property, whose address is 3462 N 2500 E Twin Falls, ID 83301, the following described premises, to-wit:

See attached exhibit A:

together with their appurtenances.

Dated: This 18th Day of September, 2025.

THE BARBARA WARNER KEVAN REVOCABLE TRUST

Mary Kevan, Successor Trustee
BY: MARY KEVAN, Successor Trustee

STATE OF IDAHO
County of Twin Falls

On the 18 day of September, 2025, before me, a Notary Public in and for said State, personally appeared MARY KEVAN, known or identified to me to be the Successor Trustee of THE BARBARA WARNER KEVAN REVOCABLE TRUST that executed this instrument, or the person who executed the instrument on behalf of said Trust, and acknowledged to me that she executed the same as such Successor Trustee.

[Signature]
Notary Public for Idaho
Residing in Twin Falls
Commission Expires 3-3-2029



Exhibit A:

LEGAL DESCRIPTION

PARCEL 1:

Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 2: W $\frac{1}{2}$ SW $\frac{1}{4}$; W $\frac{1}{4}$ E $\frac{1}{2}$ SW $\frac{1}{4}$

PARCEL 2:

Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 2: SW $\frac{1}{4}$ NW $\frac{1}{4}$; and that part of Lot 4, SE $\frac{1}{4}$ NW $\frac{1}{4}$ and S $\frac{1}{2}$ NE $\frac{1}{4}$ Lying South and West of the Highline Canal

EXCEPT:

Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 2: A parcel of land located in a portion of Government Lot 4, being more particularly described as follows:

COMMENCING at the Northwest corner of said Section 2 and being the REAL POINT OF BEGINNING;

THENCE South 89°54'46" East 512.64 feet along the North boundary of Section 2 to a point in the center of High Line Canal;

THENCE South 51°01'05" East 45.53 feet along the center of the High Line Canal;

THENCE South 48°32'14" East 386.91 feet along the center of the High Line Canal;

THENCE South 45°05'33" East 235.00 feet along the center of the High Line Canal;

THENCE North 89°54'46" West 1000.73 feet to a point on the West boundary of Section 2;

THENCE North 00°28'11" West 450.00 feet along the West boundary of Section 2 to the REAL POINT OF BEGINNING.

SUBJECT TO a 25.00-foot-wide county roadway easement parallel with and adjoining the West and North boundaries of the above described parcel.

AND SUBJECT TO a canal maintenance easement along the Easterly boundary of the above described parcel.

AND EXCEPT:

Being all that certain tract or parcel of land situated in the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 2, Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho, and being more particularly described by metes and bounds as follows, to-wit:

COMMENCING at the West $\frac{1}{4}$ corner of the aforementioned Section 2;

THENCE North 00°28'11" West, 989.85 feet along and with the section line to the Southwest corner and POINT OF BEGINNING of the herein described tract;

THENCE North 00°28'11" West, 275.00 feet continuing along the section line to the Northwest corner of the herein described tract of land;

THENCE North 89°31'49" East, 475.00 feet;

THENCE South 00°28'11" East, 275.00 feet;

THENCE South 89°31'49" West, 475.00 feet to the POINT OF BEGINNING and containing 3.00 acres of land.

AND ALSO EXCEPT:

Being all that certain tract or parcel of land situated in the SW¼ NW¼ of Section 2, Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho, and being more particularly described by metes and bounds as follows, to-wit:

COMMENCING at the West ¼ corner of the aforementioned Section 2;

THENCE North 00° 28' 11" West, 714.85 feet along and with the section line to the Southwest corner and POINT OF BEGINNING of the herein described tract;

THENCE North 00° 28' 11" West, 275.00 feet continuing along the section line to the Northwest corner of the herein described tract of land;

THENCE North 89° 31' 49" East, 475.00 feet;

THENCE South 00° 28' 11" East, 275.00 feet;

THENCE South 89° 31' 49" West, 475.00 feet to the POINT OF BEGINNING and containing 3.00 acres of land.

AND :

**Quit-Claim
Description**

TOWNSHIP 11 SOUTH, RANGE 16 EAST, BOISE MERIDIAN, TWIN FALLS COUNTY, IDAHO,

SECTION 2: A parcel of land located in the NW1/4 of said Section 2 and more particularly described as follows:

Commencing at the Northwest (NW) Corner of said Section 2 (Which lies North 00°28'07" West a distance of 2639.78 feet from the West (W1/4) Quarter Corner), and the **TRUE POINT OF BEGINNING;**

Thence South 89°54'15" East for a distance of 353.28 feet;
Thence South 00°11'15" West for a distance of 261.31 feet;
Thence South 89°48'45" East for a distance of 240.22 feet;
Thence North 00°20'15" West for a distance of 96.20 feet;
Thence North 42°19'04" West for a distance of 190.31 feet;
Thence North 89°54'15" West for a distance of 110.75 feet;
Thence North 00°11'15" East for a distance of 25.00 feet;
Thence South 89°54'15" East for a distance of 159.26 feet;
Thence South 52°26'23" East for a distance of 46.78 feet;
Thence South 48°32'14" East for a distance of 386.91 feet;
Thence South 45°05'33" East for a distance of 235.28 feet;
Thence North 89°54'16" West for a distance of 1002.63 feet;
Thence North 00°28'07" West for a distance of 450.00 feet to the **TRUE POINT OF BEGINNING.**

AND ALSO:

Township 10 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 35: A Triangular tract lying South and West of the High Line Canal being in the SouthWest corener of the W1/2SW1/4

Subject To Twin Falls County Highway Right of Way

Na/lo

TWIN FALLS COUNTY

Recorded for:

TITLEFACT

4:18:11 PM 02-08-2013

2013-003090

No. Pages:3 Fee: \$ 16.00

KRISTINA GLASCOCK

County Clerk

Deputy: DWRIGHT

TitleFact, Inc.
163 Fourth Avenue North
P.O. Box 486
Twin Falls, Idaho 83303

**** SPACE ABOVE FOR RECORDER ****

QUITCLAIM DEED

For Value Received **BARBARA W. KEVAN**, also shown of record as **BARBARA KEVAN**, an **unmarried woman**, does hereby convey, remise and forever quit claim unto **Barbara Warner Kevan**, **Trustee of the BARBARA WARNER KEVAN REVOCABLE TRUST**, dated December 20, 2012,

whose address is: 3462 N 2500 E., Twin Falls, Idaho 83301, the following described premises, to-wit:

SEE ATTACHED LEGAL DESCRIPTION

together with their appurtenances.

Dated: February 8, 2013



BARBARA W. KEVAN

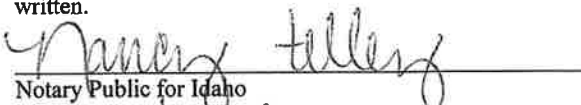
* * * * *

THIS INSTRUMENT FILED FOR
RECORD BY TITLEFACT, INC. AS
AN ACCOMMODATION ONLY. IT
HAS NOT BEEN EXAMINED AS TO
ITS EXECUTION OR AS TO ITS
EFFECT UPON THE TITLE.

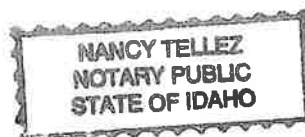
STATE OF IDAHO
County of Twin Falls

On this 8th day of February, 2013, before me, a Notary Public in and for said State, personally appeared **BARBARA W. KEVAN**, known to me to be the person whose name subscribed to the foregoing instrument and acknowledged to me that she executed the same.

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



Notary Public for Idaho
Residing in: Jerome
Commission Expires: 12/01/2017



LEGAL DESCRIPTION

PARCEL 1:

Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 2: W $\frac{1}{2}$ SW $\frac{1}{4}$; W $\frac{1}{2}$ E $\frac{1}{2}$ SW $\frac{1}{4}$

PARCEL 2:

Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 2: SW $\frac{1}{4}$ NW $\frac{1}{4}$; and that part of Lot 4, SE $\frac{1}{4}$ NW $\frac{1}{4}$ and S $\frac{1}{2}$ NE $\frac{1}{4}$ Lying South and West of the Highline Canal

EXCEPT:

Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho
Section 2: A parcel of land located in a portion of Government Lot 4, being more particularly described as follows:

COMMENCING at the Northwest corner of said Section 2 and being the REAL POINT OF BEGINNING;

THENCE South 89°54'46" East 512.64 feet along the North boundary of Section 2 to a point in the center of High Line Canal;

THENCE South 51°01'05" East 45.53 feet along the center of the High Line Canal;

THENCE South 48°32'14" East 386.91 feet along the center of the High Line Canal;

THENCE South 45°05'33" East 235.00 feet along the center of the High Line Canal;

THENCE North 89°54'46" West 1000.73 feet to a point on the West boundary of Section 2;

THENCE North 00°28'11" West 450.00 feet along the West boundary of Section 2 to the REAL POINT OF BEGINNING.

SUBJECT TO a 25.00-foot-wide county roadway easement parallel with and adjoining the West and North boundaries of the above described parcel.

AND SUBJECT TO a canal maintenance easement along the Easterly boundary of the above described parcel.

AND EXCEPT:

Being all that certain tract or parcel of land situated in the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 2, Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho, and being more particularly described by metes and bounds as follows, to-wit:

COMMENCING at the West $\frac{1}{4}$ corner of the aforementioned Section 2;

THENCE North 00° 28' 11" West, 989.85 feet along and with the section line to the Southwest corner and POINT OF BEGINNING of the herein described tract;

THENCE North 00° 28' 11" West, 275.00 feet continuing along the section line to the Northwest corner of the herein described tract of land;

THENCE North 89° 31' 49" East, 475.00 feet;

THENCE South 00° 28' 11" East, 275.00 feet;

THENCE South 89° 31' 49" West, 475.00 feet to the POINT OF BEGINNING and containing 3.00 acres of land.

AND ALSO EXCEPT:

Being all that certain tract or parcel of land situated in the SW $\frac{1}{4}$ NW $\frac{1}{4}$ of Section 2, Township 11 South, Range 16 East, Boise Meridian, Twin Falls County, Idaho, and being more particularly described by metes and bounds as follows, to-wit:

COMMENCING at the West $\frac{1}{4}$ corner of the aforementioned Section 2;

THENCE North 00° 28' 11" West, 714.85 feet along and with the section line to the Southwest corner and POINT OF BEGINNING of the herein described tract;

THENCE North 00° 28' 11" West, 275.00 feet continuing along the section line to the Northwest corner of the herein described tract of land;

THENCE North 89° 31' 49" East, 475.00 feet;

THENCE South 00° 28' 11" East, 275.00 feet;

THENCE South 89° 31' 49" West, 475.00 feet to the POINT OF BEGINNING and containing 3.00 acres of land.



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

August 4, 2026

AARON W KEVAN
3462 N 2500 E
TWIN FALLS ID 83301-0244

Re: Change in Ownership for Water Right No(s): 47-11685, 47-11686 & 47-12414

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) 293-9908.

Sincerely,


Denise Maline
Administrative Assistant 1

Enclosure(s)