

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

SEP 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. WD 120 Bingham GWD

Water Right/Claim No.	Split?	Leased to Water Supply Bank?	Water Right/Claim No.	Split?	Leased to Water Supply Bank?
35-14612 OK	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: Barbara C + Gerald L. Hendricks
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): Jacalyn Hendricks Bombard
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or

147 S. Louisa Rd. Blackfoot ID 83221
Mailing address City State Zip
208-681-4920 bombardjack@yahoo.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: _____
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: Jacalyn Hendricks Bombard 9/15/2026
Signature of new owner/claimant Title, if applicable Date
Jacalyn Hendricks Bombard
Print name

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

Print name

For IDWR Office Use Only:

Received by M. Petts Date 9-21-26 Receipt No. E051926 Receipt Amt. 50.00
 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 9/28/2026

QUIT CLAIM DEED

THIS INDENTURE made this 3 day of ^{October} ~~August~~, 2017, between JODIE SMITH of 4555 Sand Hollow Road, New Plymouth, Idaho, the party of the first part, and, JACALYN BOMBARD of 147 South Lavaside, Blackfoot, County of Bingham, State of Idaho, the party of the second part.

WITNESSETH that the said party of the first part, for value received does by these presents remise, release and forever QUITCLAIM, unto the said party of the second part, and to her heirs and assigns all of certain lots, pieces, or parcels of land, situate, lying and being in the County of Bingham, State of Idaho, bounded and particularly described as follows, to-wit:

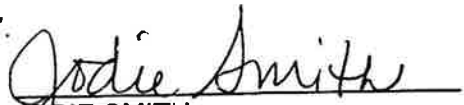
Part of the NW 1/4 Section 5 Township 2 South Range 36 East B.M. Bingham County, Idaho described as:
Commencing at the NW corner of Section 5; thence S 89°41'25" E 2624.65 feet to the N 1/4 corner of Section 5; thence S 00°48'25" W 1419.68 feet along the East line of the NW 1/4 to a point on the south line of a County Road; thence S 76°39'18" W 10.31 feet along said County Road to the POINT OF BEGINNING. Thence S 00°48'25" W 611.18 feet parallel with and 10 feet West of the East line of the NW 1/4; thence N 90°00'00" W 324.24 feet; thence N 00°00'00" W 521.09 feet; thence N 56°47'35" E 31.70 feet to a point on the South line of a County Road; thence N 76°39'18" E 314.82 feet continuing along said South line of County Road to the POINT OF BEGINNING.

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 party of the second part, and to his heirs and assigns forever.

IN WITNESS WHEREOF, the said party of the first part has hereunto set her hand and seal the day and year first above written.

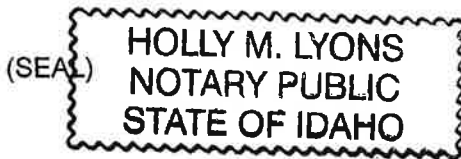
DATED and signed this 3 day of ^{October} ~~August~~, 2017.

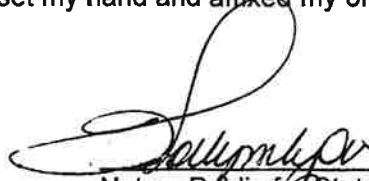

JODIE SMITH

STATE OF IDAHO)
County of Payette) :ss

On this 3rd day of October, 2017, before me personally appeared JODIE SMITH, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she has executed the same.

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




Notary Public for State of Idaho
Residing at 1212 1st St
My com expires 3/2019

691512

DEED OF GIFT

THIS INDENTURE made this 30 day of January, 2014, by and between GERALD L. HENDRICKS and BARBARA C. HENDRICKS, husband and wife, at 147 South Lavaside, Blackfoot ID, 83221, of the County of Bingham, State of Idaho, Grantors, and JACALYN BOMBARD and JODIE SMITH as their sole and separate property, of 147 South Lavaside, Blackfoot ID, 83221, Grantees;

WITNESSETH

The Grantors, for and in consideration of the love and affection which they bear toward their above-named children, Grantees, do hereby give, grant and convey unto their above-named children, Grantees, as their sole and separate property, and as tenants in common, all of the Grantor's interest in that certain real property located in the County of Bingham, State of Idaho, and described as follows, to-wit:

A parcel of real property located in Bingham County, Idaho, described as follows:

Part of the NW 1/4 Section 5 Township 2 South Range 36 East B.M.
Bingham County, Idaho described as:
Commencing at the NW corner of Section 5; thence S 89°41'25" E
2624.65 feet to the N 1/4 corner of Section 5; thence S 00°48'25" W
1419.68 feet along the East line of the NW 1/4 to a point on the south line
of a County Road; thence S 76°39'18" W 10.31 feet along said County
Road to the POINT OF BEGINNING. Thence S 00°48'25" W 611.18 feet
parallel with and 10 feet West of the East line of the NW 1/4; thence N
90°00'00" W 324.24 feet; thence N 00°00'00" W 521.09 feet; thence N
56°47'35" E 31.70 feet to a point on the South line of a County Road;
thence N 76°39'18" E 314.82 feet continuing along said South line of
County Road to the POINT OF BEGINNING.

THIS IS SUBJECT, HOWEVER, TO A LIFE ESTATE IN THE
GRANTORS, AND EACH OF THEM, FOR THEIR NATURAL LIFE TIME.

Instrument # 657538

BINGHAM COUNTY

4-2-2014 04:22:51 No. of Pages: 2

Recorded for : 26461 BLASER & OLESON

SARA J. STAUB

Fee: 13.00

Ex-Officio Recorder Deputy

K. Secrist

DEED OF GIFT
ts 01/29/14

TO HAVE AND TO HOLD, all and singular, the above-described premises,
together with appurtenances, unto the said Grantees, their heirs and assigns forever,
subject to the heretofore stated conditions and reservations.

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

DATED AND SIGNED this 30 day of January, 2014.

Gerald L. Hendricks

GERALD L. HENDRICKS

Barbara C. Hendricks

BARBARA C. HENDRICKS

STATE OF IDAHO)
)
County of Bingham)

On this 30 day of January, 2014, before me, the undersigned, a notary
public in and for said state, personally appeared GERALD L. HENDRICKS and
BARBARA C. HENDRICKS, known to me to be the persons whose names 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 in this certificate first above written.



[Signature]
Notary Public for State of
Residing at Blackfoot
My comn exprs: 12/04/2018

DEED OF GIFT
ts 01/29/14

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. 2024-04477

04/12/2024

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
MAILED SEAL, SHALL BE USED AS PROOF OF THIS DEATH UNDER §9-211, I.C. AND §9-211, I.C. (C.O.D.)

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BARBARA C. HENDRICKS	2. SEX FEMALE	3. SOCIAL SECURITY NUMBER
MORTICIAN: Complete Within 5 Days of Death	4a. AGE-Last Birthday 89 (Years)	4b. UNDER 1 YEAR Months Days Hours Minutes	4c. UNDER 1 DAY Hours Minutes
	5. DATE OF BIRTH (Mo/Day/Yr) 08/25/1934		6. BIRTHPLACE (City and State, Territory, or Foreign Country) IDAHO FALLS, IDAHO
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO	7b. COUNTY BINGHAM	7c. CITY OR TOWN BLACKFOOT
	7d. STREET AND NUMBER 147 S LAVASIDE RD	7e. APT. NO. 83221	7f. ZIP CODE 83221
PARENTS	8. 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)		
	10. EVER IN U.S. ARMED ☐ Yes ☒ No		
	11a. FATHER'S NAME (First, Middle, Last, Suffix) MELVIN CONKLE		
INFORMANT	11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) PEARL LOUISE WALTON		
	12b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH		
	13a. INFORMANT'S NAME (Type or print) JACALYN BOMBARD		
DISPOSITION	13b. RELATIONSHIP TO DECEDENT DAUGHTER		
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 147 S LAVASIDE RD BLACKFOOT, ID 83221		
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		
	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) GROVE CITY CEMETERY 1 WILLOW DRIVE BLACKFOOT, IDAHO 83221		
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221		
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: KEVIN T. DIETRICH		
	17b. LICENSE NUMBER (Of licensee) M0748		
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No		
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		
	20. FACILITY NAME (If not facility, give street and number) THE GABLES OF BLACKFOOT		
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE BLACKFOOT, ID 83221		
	22. COUNTY OF DEATH BINGHAM		
CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 7, 2024		
	24. TIME OF DEATH (24hr) 09:11		
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 7, 2024		
	26. TIME PRONOUNCED DEAD (24hr) 09:11		
CERTIFIER: Complete Within 72 Hours of Death	27. CAUSE OF DEATH PART I. Enter the <u>IMMEDIATE CAUSE</u> - 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) CARDIOPULMONARY FAILURE DUE TO (or as a consequence of) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (NON-TOBACCO) DUE TO (or as a consequence of) BRONCHECTASIS DUE TO (or as a consequence of)		
	Approximate Time Interval Onset to Death IMMEDIATE		
	PART II. Enter <u>UNDERLYING CAUSE</u> - last (disease or injury) that initiated the events resulting in death. HYPERTENSION; PULMONARY HYPERTENSION; ADVANCED AGE		
	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No		
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		
	30. IF FEMALE (Ages 15-54): ☐ 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		
	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined		
REGISTRAR	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 TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____		
	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety devices(s) did decedent use/employ? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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 <u>causal</u> cause(s) <u>immediately</u> 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) Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOY H. TAYLOR, N.P. 39b. LICENSE NUMBER NP-0915 39c. DATE SIGNED 4 / 9 / 2024 MM DO YYYY		
	40a. REGISTRAR'S SIGNATURE James B. Galtte		
	40b. DATE SIGNED 4 / 12 / 2024 MM DO 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: APRIL 15, 2024

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

Rev. 07/23/20

James B. Galtte
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

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2018-03903

04/11/2018

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH FOR THE PURPOSES OF THIS DEATH UNDER 20-21 AND 20-22, CIVIL CODE.

Local Reg. No.

TYPE OR FRONT IN FORSANDRY BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) GERALD LEON HENDRICKS		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) 05/05/1931		6. BIRTHPLACE (City and State, Territory, or Foreign Country) BURLEY, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BINGHAM		7c. CITY OR TOWN BLACKFOOT	
7d. STREET AND NUMBER 147 S LAVASIDE RD	7e. APT. NO.		7f. ZIP CODE 83221		7g. INSIDE CITY LIMITS? ☐ Yes ☒ No	
	8. 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 CONKLE					
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No					
11a. FATHER'S NAME (First, Middle, Last, Suffix) THOMAS HORACIO HENDRICKS	11b. BIRTHPLACE (State, Territory, or Foreign Country) NEW MEXICO		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) GERTRUDE IRENE JACOBSEN			
	12b. BIRTHPLACE (State, Territory, or Foreign Country) UTAH		13a. RELATIONSHIP TO DECEDENT SPOUSE			
	13b. MAILING ADDRESS (Street and Number, City, State, Zip Code) 147 S LAVASIDE RD BLACKFOOT, ID 83221					
	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) GROVE CITY CEMETERY 1 WILLOW DRIVE BLACKFOOT, IDAHO 83221	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221					
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PERRY L. HAWKER					
	17b. LICENSE NUMBER (Of licensee) M0734					
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No					
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)	20. FACILITY NAME (If not facility, give street and number) 147 S LAVASIDE RD					
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE BLACKFOOT, ID 83221					
	22. COUNTY OF DEATH BINGHAM					
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 7, 2018					
24. TIME OF DEATH (24hr) 05:30	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 7, 2018		26. TIME PRONOUNCED DEAD (24hr) 05:30			
	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. CARDIOVASCULAR DISEASE DUE TO (or as a consequence of): b. 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.					
	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No					
28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown					
	30. IF FEMALE (Aged 15-54): ☐ 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 43 days of death ☐ Unknown if pregnant within the past year					
	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined					
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 15-48 months					
33. TIME OF INJURY (24hr) 05:30	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. 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: KIRT M. MCKINLAY, M.D. * 38d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KIRT M. MCKINLAY, 1441 PARKWAY DRIVE BLACKFOOT, ID 83221	39. LICENSE NUMBER M-04895					
	39c. DATE SIGNED 4 / 11 / 2018 MM DO YYYY					
	40a. REGISTRAR'S SIGNATURE James B. Galtte					
	40b. DATE SIGNED 4 / 11 / 2018 MM DO 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.

APR 11 2018

DATE ISSUED:

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

JAMES B. AYDELOTTE
STATE REGISTRAR

FINCO (REV) 11/15

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



691512 Nodie Smith TO Jacalyn Bombard

9/23/2026

Scale: 1 inch= 700 feet

File:

Tract 1: 4.3042 Acres (187490 Sq. Feet), Closure: n54.2052e 0.01 ft. (1/295682), Perimeter=1803 ft.

01 /nw,5,2s,36e

02 /s89.4125e 2624.65

03 /s00.4825w 1419.68

04 /s76.3918w 10.31

05 s00.4825w 611.18

06 n90w 324.24

07 n00w 521.09

08 n56.4735e 31.70

09 n76.3918e 314.82



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

September 28, 2026

JACALYN BOMBARD
147 S LAVASIDE RD
BLACKFOOT ID 83221-5733

Re: Change in Ownership for Water Right No(s): 35-14612

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
Bingham GWD