

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

Please print or type. Attach pages with additional information. Instructions are included at the end of this form.
Incomplete forms will be returned.

delog RB 7/7/03

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Department of Water Resources
Eastern Region

- Please list the water right number(s) and/or adjudication claim number(s) (if any) for each water right to be changed. List just the adjudication claim number if there is no corresponding water right record on file with the department. Indicate, by checking in the space provided (under the "split" heading), if the change in ownership is limited to a portion of a water right in which case division of the existing water right or adjudication claim record will be required.

Water Right No(s).	Adjudication Claim No(s).	Split	Water Right No(s).	Adjudication Claim No(s).	Split
	74-10144	—			—
	74-10145	—			—
		—			—
		—			—
		—			—

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Department of Water Resources

- The following **REQUIRED** information must be submitted with this form:

A. The appropriate **FILING FEE**. See instructions for fee amounts.

B. A copy of the most recent **DEED, TITLE POLICY, CONTRACT OF SALE** or other legal document indicating your ownership of the property and water right(s) or claim(s) in question, **WITH ATTACHED LEGAL DESCRIPTION**.

C. Either of the following (if necessary to clarify division of water rights or other complex property descriptions):
PLAT OF PROPERTY or **SURVEY MAP** clearly showing the location of the point(s) of diversion and place of use of your water right(s) and/or adjudication claim(s) (these are usually attached to your deed or on file with the county).

OR

If your water right(s) and/or adjudication claim(s) is for ten or more acres of irrigation, you must submit a USDA Farm Service Agency **AERIAL PHOTO** with the irrigated acres outlined and point(s) of diversion clearly marked. The **AERIAL PHOTO** should be submitted in place of the **PLAT OF PROPERTY** or **SURVEY MAP**.

- Name and Address of Former Owner/Claimant(s)

Ruth Ann Monson

- New Owner/Claimant(s)

Name Connector (Check one): ☐ and, ☐ or, ☐ and/or

New Mailing Address

Rita Jean Rogers

City, State and ZIP Code

19766 NE 156 Pl, Woodinville, WA 98077

New Telephone Number

425 298-3129

- Date you acquired the property

April 9, 2000

STATE OF WASHINGTON DEPARTMENT OF HEALTH

**OFFICE
USE
ONLY**

TYPE OR PRINT IN PERMANENT BLACK INK

1894

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

4 05787
STATE FILE NUMBER

1. DISTRICT
73/0462
2. COPIES
3-2-94
3. HOSPITAL
Deeble

4. OCCURRENCE
10

5. RESIDENCE

6. TRACT

7. OCCUPATION

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21. ACC LOC

22. QUERIES

23.

24.

1. NAME First: RUTH Middle: ANN Last: MONSON				2. SEX (M / F) FEMALE		3. DEATH DATE (Mo, Day, Yr) FEB. 23, 1994	
4. AGE LAST BIRTHDAY (Yrs) 55		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) JUNE 5, 1938		8. BIRTHPLACE (City, State or Foreign Country) LEAVENWORTH, WA	
11. CITY, TOWN OR LOCATION OF DEATH SEATTLE				12. PLACE OF DEATH— ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSIT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE UNIVERSITY OF WASHINGTON MEDICAL CENTER		13. SMOKING IN LAST 15 YEARS? (Yes / No) NO	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) DIVORCED		15. SURVIVING SPOUSE (if wife, give maiden name)		16. SOCIAL SECURITY NO. 537-32-1205		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): College (1-4 or 5+): 2 YR	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) MASSAGE THERAPIST		19. KIND OF BUSINESS OR INDUSTRY HEALTH CARE		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO		21. RACE (Specify) CAUCASIAN	
22. RESIDENCE—NUMBER AND STREET Rt. 2, Box 25A		23. CITY/TOWN, OR LOCATION SALMON		24. INSIDE CITY LIMITS? (Yes / No) YES		25A. COUNTY LEMHI	
25B. LENGTH OF RES. IN CO. 6 MOS		26. STATE IDAHO		27. ZIP CODE 83467			
28. FATHER'S NAME—FIRST, MIDDLE, LAST C. RALPH				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME ANNA E. EGBERT			
30. INFORMANT—NAME LANE MONSON		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 15745 S.W. BOBWHITE CR., BEAVERTON, OR 97007					
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) BURIAL		33. DATE (Mo, Day, Yr) FEB 26, 1994		34. CEMETERY/CREMATORY—NAME ACACIA MEMORIAL PARK		35. LOCATION—CITY/TOWN, STATE SEATTLE WASHINGTON	
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY ACACIA FUNERAL HOME, 14951 BOTHELL WAY N.E., SEATTLE, WA 98155					
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>[Signature]</i> MD				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 2/23/94		41. HOUR OF DEATH (24 Hrs.) 2200		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carlos P. Bazzarini, M.D.				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) BURLY MCINTYRE, MD				49. ME/CORONER FILE NUMBER 1959 NE PACIFIC ST SEATTLE, WA. 98195			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. CARDIO-RESPIRATORY ARREST				INTERVAL BETWEEN ONSET AND DEATH 0	
		B. PULMONARY HEPATIC FAILURE				INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
		C. INTRABDOMINAL HEMORRHAGE FROM LIVER				INTERVAL BETWEEN ONSET AND DEATH 6 DAYS	
		D.				INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:						52. AUTOPSY? (Yes / No) NO	
54. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. THE STATE OF WASHINGTON SEAL OF THE STATE OF WASHINGTON JAN 1889		63. DATE RECEIVED (Mo., Day, Yr.) FEB 28 1994	

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JUL 2 2003

Department of Health
FOR INSTRUCTIONS SEE BACK AND HANDBOOK
Eastern Region

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/99)

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: JULY 01, 1999

STATE FILE NUMBER: 99-04453

DECEDENT: ANNA ETHEL EGBERT WILSON

DATE OF DEATH: JUNE 13, 1999 PLACE OF DEATH: SALMON, IDAHO
TIME OF DEATH: 3:06 P.M.

DATE OF BIRTH: FEB. 16, 1915 PLACE OF BIRTH: IDAHO

AGE: 84 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: MARRIED SURVIVING SPOUSE: C. RALPH WILSON

SOCIAL SECURITY NUMBER: 537-30-0186 RESIDENCE: SALMON, IDAHO

FATHER: JOHN JAMES EGBERT
FATHERS BIRTHPLACE: UTAH
MOTHER (MAIDEN): ZORA MAY PICKETT
MOTHERS BIRTHPLACE: INDIANA

MORTUARY: SALMON RIVER FUNERAL CHAPEL
MORTICIAN: SHAUN O'REILLY

SALMON, IDAHO
DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: ARTHUR D. EARL, M.D.

AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

CARDIAC ARREST
C.A.D.
D.M. II

IMMEDIATE
5 YEARS
10 YEARS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

ATRIAL FIBRILLATION, GI BLEED, ACUTE

MANNER OF DEATH: NATURAL

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JUL 02 2000

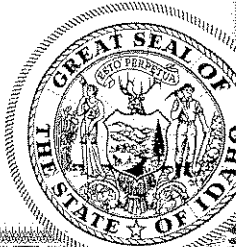
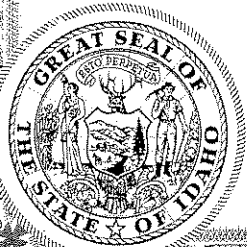
Department of Water Resources
Eastern Region

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

DATE ISSUED: JULY 02, 1999

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

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



MONTANA
CERTIFICATE OF DEATH

0043541 238-2000

Local File Number

State File Number

I filed this Certificate for record in this office on APR 11 2000 County Recorder of Vickie M. Zeier Missoula County, State of Montana	DECEDENT'S NAME (First)		(Middle)	(Last)	SEX	DATE OF DEATH (Month, Day, Year)	
	1. RALPH			WILSON	2. MALE	3. APRIL 8, 2000	
	RACE—American Indian, Black, White, etc. (Specify)		AGE—Last Birthday (Years)	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year)	COUNTY OF DEATH
	4. WHITE		5a. 86	5b.	5c.	6. OCTOBER 3, 1913	7a. MISSOULA
7b. PLACE OF DEATH (Check only one)							
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)							
FACILITY NAME (If not institution, give street and number)							
7c. ST PATRICK HOSPITAL							
7d. MISSOULA							
BIRTHPLACE (City and State or Foreign Country)			MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden surname)		
8. AINSWORTH, NEBRASKA			9. ☐ Never Married ☒ Widowed ☐ Married ☐ Divorced		10. NONE		
SOCIAL SECURITY NUMBER		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS/INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no)	
11. 531-16-9243		12a. POLICEMAN		12b. LAW ENFORCEMENT		13. NO	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET NUMBER		
14a. IDAHO		14b. LEMHI	14c. SALMON		14d. RT.1 BOX 25-A		
INSIDE CITY LIMITS? (Yes or no)		ZIP CODE	ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify)		16. DECEDENT'S EDUCATION (Specify only highest grade completed)		
14e. NO		14f. 83467	15. ENGLISH		Elementary/Secondary (0-12) College (1-4 or 5+)		
				12			
FATHER'S NAME (First, Middle, Last)				MOTHER'S NAME (First, Middle, Maiden Surname)			
17. JESSE WILSON				18. ROSA RICHMOND			
INFORMANT'S NAME (Type/Print)				MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
19a. ROY WILSON				19b. RT.1 BOX 25-A SALMON, ID 83467			
METHOD OF DISPOSITION				PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION—City or Town, State	
20a. ☒ Burial ☐ Cremation ☒ Removal from State				20b. SALMON CEMETERY		20c. SALMON, IDAHO	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION				MONTANA LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY	
21a. EDDIE G. LEACH				21b. #315		22. SALMON RIVER FUNERAL CHAPEL DALY-LEACH CHAPEL-1010 W. MAIN HAMILTON, MONTANA 59840	
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side)							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. hemorrhagic stroke							
DUE TO (OR AS A CONSEQUENCE OF):							
Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last.							
b. DUE TO (OR AS A CONSEQUENCE OF):							
c. DUE TO (OR AS A CONSEQUENCE OF):							
d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
WAS AN AUTOPSY PERFORMED? (Yes or no)				24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
24a. NO				24b. NO			
WAS CASE REFERRED TO CORONER? (Yes or no)				25. NO			
26. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)	TIME OF INJURY	INJURY AT WORK? (Yes or no)	DESCRIBE HOW INJURY OCCURRED		
27a. ☒ Natural ☐ Pending Investigation		27b. M	27c. M	27d.			
☐ Accident ☐ Could not be Determined		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)			
☐ Suicide ☐ Homicide		27e.		27f.			
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				29a. TO BE COMPLETED BY CORONER ONLY. 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 as stated.			
(Signature and Title)				(Signature and Title)			
DATE SIGNED (Month, Day, Year)				HOUR OF DEATH		DATE SIGNED (Month, Day, Year)	
28b. 4/10/00				28c. 0735 M		29b. M	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				DATE PRONOUNCED DEAD (Month, Day, Year)		PRONOUNCED DEAD (Hour)	
28c. RICHARD DAW				29d.		29e. M	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)							
30. 601 W. SPRUCE MISSOULA, MONTANA 59801							
LOCAL REGISTRAR'S SIGNATURE				DATE FILED (Month, Day, Year)			
31a. Linda S. Crowley				31b. April 11, 2000			

I certify this to be a true and correct copy of the document on record in this office.
 Date MAY 02 2000
 SEAL
 VICKIE M. ZEIER, Missoula County Recorder
 By: Stacey Decker Deputy

CLERK & RECORDER

RECEIVED
 MAY 02 2000
 Department of Water Resources
 Eastern Region

QUIT CLAIM DEED

The GRANTOR, PHILLIP LANE MONSON, for and in consideration of \$ 0 (& no. 100 dollars) in hand paid, conveys and quit claims to Rita J. Rogers, GRANTEE, the right, title and interest of any, which GRANTOR may have in the following described real estate:

A FRACTION OF LOT 2, SECTION 3, TOWNSHIP 20 NORTH RANGE 23 EAST, BOISE MERIDIAN, AND A FRACTION OF THE SW 1/4 SE 1/4 OF SECTION 34, TOWNSHIP 21 NORTH, RANGE 23 EAST, BOISE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT THE NORTHEASTERLY CORNER OF SAID LOT 2, SECTION 3 AND THE TRUE POINT OF BEGINNING. RUN THENCE SOUTH 00 DEGREES 06' WEST ALONG THE EASTERLY BOUNDARY OF LOT 2 A DISTANCE OF 1,306.47 FEET TO THE SOUTHEASTERLY CORNER OF SAID LOT 2; THENCE SOUTH 89 DEGREES 30" WEST ALONG THE SOUTHERLY BOUNDARY OF SAID LOT 2 A DISTANCE OF 163.00 FEET; THENCE NORTH 00 DEGREES 06' EAST A DISTANCE OF 1,272.35 FEET; THENCE NORTH 57 DEGREES 04' EAST A DISTANCE OF 21.47 FEET; THENCE NORTH 47 DEGREES 00' EAST A DISTANCE OF 194.95 FEET TO A POINT ON THE EASTERLY BOUNDARY OF THE SAID SW1/4SE1/4 OF SECTION 34; THENCE SOUTH 1 DEGREE 14" EAST ALONG THE EASTERLY BOUNDARY OF THE SW1/4SE1/4 OF SECTION 34 A DISTANCE OF 109.31 FEET TO THE TRUE POINT OF BEGINNING.

This 27th day of February, 1996.

Phillip Lane Monson a.k.a.
PHILLIP LANE MONSON

STATE OF WASHINGTON, COUNTY OF _____

On this day personally appeared, before me PHILLIP LANE MONSON, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this _____

_____, 19____

State of Idaho)
County of Lemhi)

SS No. **229362**

This instrument was filed for record at the request of William J. Little

at 9:32 o'clock pm 2-15 1996

and duly filed and indexed in the records of Lemhi County

Alberta Wiederrick
Ex-Officio Recorder

By Terri J. Norton Deputy

Fee 6.00

Return to _____

My Commission Expires:

RECEIVED

JUL 02 2003

Department of Water Resources
Eastern Region

JURAT WITH AFFRANT STATEMENT

State of California

County of Orange

SS.

☒ See Attached Document (Notary to cross out lines 1 - 11 below)

☐ See Statement Below (Lines 1 - 11 to be completed only by document signer[s] to be notarized)

RECEIVED

JUL 02 2003

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Department of Water Resources
Eastern Region

Subscribed and sworn to (or affirmed) before me

this 27th day of Febr, 1996 by

(1) Phillip L. monson

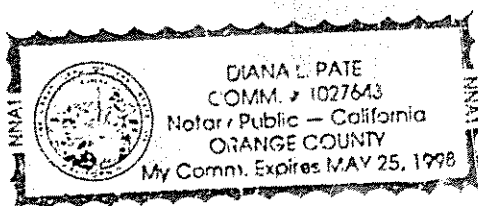
Name of Signer

(2)

Name of Signer

Diana L. Pate

Signature of Notary Public



OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Further Description of Any Attached Document

Title or Type of Document: Quitclaim Deed.

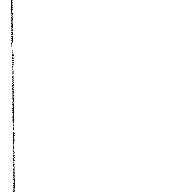
Document Date: 2-27-96 Number of Pages: 1

Signer(s) Other Than Named Above: none

RIGHT THUMBPRINT OF SIGNER #1
Top of thumb here



RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here



QUIT CLAIM DEED

The GRANTOR, Franklin David Monson, for and in consideration of \$ 0 (& no/100 dollars) in hand paid, conveys and quit claims to Rita J. Rogers, GRANTEE, the right, title and interest, if any, which GRANTOR may have in the following described real estate:

A FRACTION OF LOT 2, SECTION 3, TOWNSHIP 20 NORTH RANGE 23 EAST, BOISE MERIDIAN, AND A FRACTION OF THE SW 1/4 SE 1/4 OF SECTION 34, TOWNSHIP 21 NORTH, RANGE 23 EAST, BOISE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT THE NORTHEASTERLY CORNER OF SAID LOT 2, SECTION 3 AND THE TRUE POINT OF BEGINNING: RUN THENCE SOUTH 00 DEGREES 06' WEST ALONG THE EASTERLY BOUNDARY OF LOT 2 A DISTANCE OF 1,306.47 FEET TO THE SOUTHEASTERLY CORNER OF SAID LOT 2; THENCE SOUTH 89 DEGREES 30" WEST ALONG THE SOUTHERLY BOUNDARY OF SAID LOT 2 A DISTANCE OF 163.00 FEET; THENCE NORTH 00 DEGREES 06' EAST A DISTANCE OF 1,272.35 FEET; THENCE NORTH 57 DEGREES 04' EAST A DISTANCE OF 21.47 FEET; THENCE NORTH 47 DEGREES 00' EAST A DISTANCE OF 194.95 FEET TO A POINT ON THE EASTERLY BOUNDARY OF THE SAID SW1/4SE1/4 OF SECTION 34; THENCE SOUTH 1 DEGREE 14" EAST ALONG THE EASTERLY BOUNDARY OF THE SW1/4SE1/4 OF SECTION 34 A DISTANCE OF 109.31 FEET TO THE TRUE POINT OF BEGINNING.

This 27th day of February, 1996.

Franklin David Monson
Franklin David Monson

UTAH

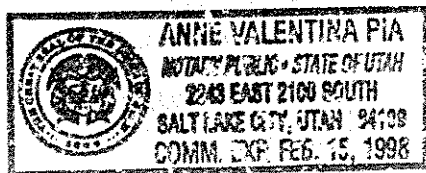
STATE OF WASHINGTON, COUNTY OF _____

On this day personally appeared, before me Franklin David Monson, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this 1st day of
March, 1996

Anne D. PIA

My Commission Expires: 2/15/98



RECEIVED
JUL 02 2003
Department of Water Resources
Eastern Region

State of Idaho
County of Lemhi

SS No. 229360

This instrument was filed for record at the request of Alliance Title

at 9:30 o'clock A m 3-15 1996

and duly filed and indexed in the records of Lemhi
County

Alberta Wiederrick
Ex-Officio Recorder

By Frank J. Monson Deputy

Fee 3.00

Return to _____

QUIT CLAIM DEED

The GRANTOR DeeAnn Monson, (and in consideration of the sum of \$100.00 (one hundred/100 dollars) in hand paid, conveys and quit claims to Rita L. Rogers, GRANTEE, all right, title and interest, if any, which GRANTOR may have in the following described real estate:

A FRACTION OF LOT 2, SECTION 3, TOWNSHIP 20 NORTH RANGE 23 EAST, BOISE MERIDIAN, AND A FRACTION OF THE SW 1/4 SE 1/4 OF SECTION 34, TOWNSHIP 21 NORTH, RANGE 23 EAST, BOISE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

COMMENCING AT THE NORTHEASTERLY CORNER OF SAID LOT 2, SECTION 3 AND THE TRUE POINT OF BEGINNING: RUN THENCE SOUTH 00 DEGREES 06' WEST ALONG THE EASTERLY BOUNDARY OF LOT 2 A DISTANCE OF 1,306.47 FEET TO THE SOUTHEASTERLY CORNER OF SAID LOT 2; THENCE SOUTH 89 DEGREES 30" WEST ALONG THE SOUTHERLY BOUNDARY OF SAID LOT 2 A DISTANCE OF 163.00 FEET; THENCE NORTH 00 DEGREES 06' EAST A DISTANCE OF 1,272.35 FEET; THENCE NORTH 57 DEGREES 04' EAST A DISTANCE OF 21.47 FEET; THENCE NORTH 47 DEGREES 00' EAST A DISTANCE OF 194.95 FEET TO A POINT ON THE EASTERLY BOUNDARY OF THE SAID SW1/4SE1/4 OF SECTION 34; THENCE SOUTH 1 DEGREE 14" EAST ALONG THE EASTERLY BOUNDARY OF THE SW1/4SE1/4 OF SECTION 34 A DISTANCE OF 109.31 FEET TO THE TRUE POINT OF BEGINNING.

This 27th day of February, 1996.

DeeAnn Monson

IDAHO

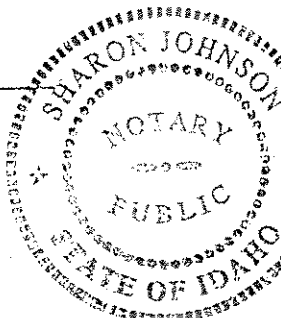
STATE OF WASHINGTON, COUNTY OF _____

On this day personally appeared, before me DeeAnn Monson, to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this 29th day

February, 19 96

My Commission Expires: Oct. 2001



State of Idaho
County of Lemhi

SS No. 229361

This instrument was filed for record at the request of Alliance Title
on 9:31 o'clock Am 3-15 1996
and duly filed and indexed in the records of Lemhi
County

Alberta Wiedemick
Ex-Officio Recorder

By Terri J. Minton Deputy
Fee 3⁰⁰
Return to _____

QUIT CLAIM DEED

The GRANTOR, Anna Catherine Monson, for and in consideration of \$ 0 (& no/100 dollars) in hand paid, conveys and quit claims to Rita J. Rogers, GRANTEE, the right, title and interest, if any, which GRANTOR may have in the following described real estate:

A FRACTION OF LOT 2, SECTION 3, TOWNSHIP 20 NORTH RANGE 23 EAST, BOISE MERIDIAN, AND A FRACTION OF THE SW 1/4 SE 1/4 OF SECTION 34, TOWNSHIP 21 NORTH, RANGE 23 EAST, BOISE MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO WIT:

COMMENCING AT THE NORTHEASTERLY CORNER OF SAID LOT 2, SECTION 3 AND THE TRUE POINT OF BEGINNING. RUN THENCE SOUTH 00 DEGREES 06' WEST ALONG THE EASTERLY BOUNDARY OF LOT 2 A DISTANCE OF 1,306.47 FEET TO THE SOUTHEASTERLY CORNER OF SAID LOT 2; THENCE SOUTH 87 DEGREES 30' WEST ALONG THE SOUTHERLY BOUNDARY OF SAID LOT 2 A DISTANCE OF 163.00 FEET; THENCE NORTH 00 DEGREES 06' EAST A DISTANCE OF 1,272.35 FEET; THENCE NORTH 47 DEGREES 04' EAST A DISTANCE OF 21.47 FEET; THENCE NORTH 47 DEGREES 00' EAST A DISTANCE OF 194.95 FEET TO A POINT ON THE EASTERLY BOUNDARY OF THE SAID SW1/4SE1/4 OF SECTION 34; THENCE SOUTH 1 DEGREE 14' EAST ALONG THE EASTERLY BOUNDARY OF THE SW1/4SE1/4 OF SECTION 34 A DISTANCE OF 109.31 FEET TO THE TRUE POINT OF BEGINNING.

This 27th day of February, 1996.

Anna Catherine Monson
Anna Catherine Monson

STATE OF WASHINGTON, COUNTY OF King

On this day personally appeared, before me Anna Catherine Monson, to me known to be an individual(s) described in and who executed the within and foregoing instrument; and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

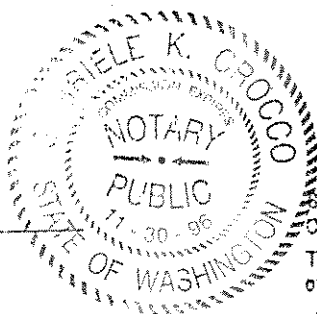
Given under my hand and official seal on this 27th

February, 19 96.

Gabriele Crocco

GABRIELE K. CROCCO

My Commission Expires: 11-30-96



RECEIVED
JUL 02 2003
Department of Water Resources
Eastern Region

State of Idaho
County of Lemhi

SS No. 229363

This instrument was filed for record at the request of Alliance Title at 9:33 o'clock p.m. 3-15 1996 and duly filmed and indexed in the records of Lemhi County

Alberta Wiedemick
Ex-Officio Recorder

By Lerni J. Norton Deputy
Fee 3.00

Return to _____