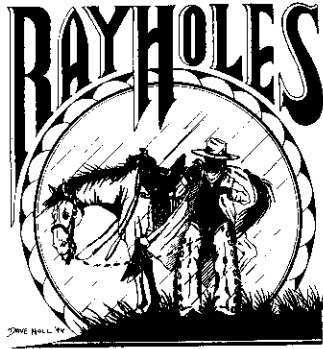




RECEIVED

SEP 20 2004

DEPARTMENT OF
WATER RESOURCES

Leather Care Products, Inc.

Since 1936

To: Sally Sherman

9/17/04

Dear Ms. Sherman:

Please find enclosed the items you said were needed to transfer the water right ownership from my father's name to my mother.

If you need to get a hold of me for any reason you may call my cell phone 208 983 3588. If am not at the phone please leave a message, or write me.

Thanks for your help.

Sincerely

Notice of Claim to
a water right # 79-7008
from Ray Holes to Lillian
Holes

Note: My mother's name
should read:

Anna Lillian Holes

not Lillian B Holes

Signs everything Lillian Holes

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
NOTICE OF CHANGE IN WATER RIGHT OWNERSHIP

RECEIVED
SEP 20 2004
DEPARTMENT OF
WATER RESOURCES

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

1. 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
<i>see attached</i>					
	<i>77-7008</i>				

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

☒ 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.

3. Name and Address of Former
 Owner/Claimant(s)

see attached

4. New Owner/Claimant(s)

Name Connector (Check one): [] and, [] or, [] and/or

New Mailing Address

City, State and ZIP Code

New Telephone Number

()

5. Date you acquired the property

6. If the change in ownership affects the entire water right for each water right or adjudication claim number listed in item 1, THEN SKIP THIS ITEM AND GO TO ITEM 7. If the change in ownership divides the water right(s) among multiple owners, you must describe, in detail, your portion of each water right after the change. Fill in the appropriate spaces in the box(es) below to describe your water right(s) after the change (one water right per box, you may copy this page as necessary). If your quantity of water is greater than a proportionate split, you must attach documentation to show justification for a larger amount. If you are not sure how to identify your portion of the original water right or adjudication claim records, please contact the nearest IDWR office for assistance.

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

DESCRIPTION OF YOUR PORTION OF WATER RIGHT (If the right(s) will not be split, skip this area and proceed to item 7)		
Water Right and/or Adjudication Claim Number _____		
Water Use	Diversion Rate or Volume (cubic feet per second or acre-feet per annum)	Description (acres, number and type of stock, homes, etc)
Irrigation	_____	_____
Stock	_____	_____
Domestic	_____	_____
Other _____	_____	_____
Total	_____	_____

7. Signature of New Owner(s) or Claimant(s) Lillian Holes (include title if applicable) (Lillian Holes)

For Snake River Basin Adjudication Claims: Please attach a Notice of Appearance completed by your attorney, if you wish IDWR to correspond with him/her for all matters related to your claims.

For Office Use Only

Received by _____ Date _____ Fee _____
 Received by _____ Date _____ Receipt No. _____
 Processed by D. L. Rm AJ Date 12-17-04 WR _____ Date _____

OK. to change ownership C4 12-17-04

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-241(R) & 39-274

State File No. _____
Local Reg. No. _____

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN

DECEDENT — NAME FIRST MIDDLE LAST * <u>Eldon</u> <u>Ray</u> <u>HOLES</u>			SEX 2 <u>male</u>	DATE OF DEATH (Month, Day, Year) 3 <u>July 28, 1996</u>
SOCIAL SECURITY NUMBER 4 <u>[REDACTED]</u>		AGE — Last Birthday (Yrs.) 5a <u>84</u>	DATE OF BIRTH (Month, Day, Year) 6 <u>Aug. 29, 1911</u>	BIRTHPLACE (City and State or Foreign Country) 7 <u>Withrow, WA</u>
WAS DECEDENT EVER IN U.S. ARMED FORCES? 8 ☐ Yes ☒ No		PLACE OF DEATH (Check only one) * HOSPITAL (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA OTHER (4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify) _____		
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 9a <u>HC01 Box 135</u>			CITY, TOWN OR LOCATION OF DEATH 9b <u>White Bird</u>	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) 10 <u>married</u>		SURVIVING SPOUSE (If wife, give maiden name) 11 <u>Lillian Baer</u>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a <u>saddlemaker</u>
RESIDENCE STATE 13a <u>Idaho</u>		COUNTY 13b <u>Idaho</u>	CITY, TOWN OR LOCATION 13c <u>White Bird</u>	STREET AND NUMBER 13d <u>HC 01 Box 135</u>
INSIDE CITY LIMITS? 13e ☐ Yes ☒ No		WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) 15 <u>white</u>
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) <u>1</u>				

PARENTS

FATHER — NAME 17a <u>Bert Holes</u>	BIRTHPLACE 17b <u>Missouri</u>	MOTHER — FULL MAIDEN NAME 18a <u>Cena Estill</u>	BIRTHPLACE 18b <u>Calif.</u>
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INFORMANT

INFORMANT'S NAME (Type/Print) 19a <u>Lillian Holes</u>	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b <u>HC 01 Box 135, White Bird, ID 83554</u>
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DISPOSITION

METHOD OF DISPOSITION 20a ☐ Burial ☒ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b <u>Valley Crematory</u>	LOCATION — City or Town, State 20c <u>Lewiston, ID</u>
--	---	---

SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 21a <u>[Signature]</u>	LICENSE NUMBER (of Licensee) 21b <u>M-706</u>	NAME AND ADDRESS OF FACILITY 21c <u>Noland Funeral Home</u> <u>P.O. box 363, Grangeville, ID 83530</u>
--	--	--

CAUSE OF DEATH

TIME OF DEATH 23 <u>6:45 a.m.</u>	DATE PRONOUNCED DEAD (Month, Day, Year) 24 <u>7-28-96</u>	WAS CASE REFERRED TO CORONER? 25 ☒ Yes ☐ No	MANNER OF DEATH (Check One) 26 ☐ Natural ☐ Homicide ☒ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined
27. 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. IMMEDIATE CAUSE IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Massive Head Injuries</u> DUE TO (or as a consequence of) _____ b. <u>self inflicted gun shot</u> DUE TO (or as a consequence of) _____ c. _____ DUE TO (or as a consequence of) _____ d. _____			Approximate Interval Between Onset and Death <u>imm.</u>
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. _____			WAS AN AUTOPSY PERFORMED? 28a ☐ Yes ☒ No
			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 28b ☐ Yes ☐ No

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

CERTIFIER (Check only one) ☐ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as 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 as stated.		
SIGNATURE AND TITLE OF CERTIFIER 29a <u>Kathleen Gibbs, Idaho County Coroner</u>	LICENSE NUMBER 29b _____	DATE SIGNED (Month, Day, Year) 29c <u>7-29-96</u>
NAME AND ADDRESS OF CERTIFIER (Type/Print) 29d <u>Kathleen Gibbs, Idaho Co. Coroner, P.O. Box 163, Cottonwood, ID 83522</u>		

TO BE USED FOR EXTERNAL CAUSES ONLY

DATE OF INJURY (Mo., Day, Yr.) 30a _____	HOUR OF INJURY 30b _____	DESCRIBE HOW INJURY OCCURRED 30c _____	LOCATION (Street or Route Number, City/Town, or County, and State) 30d _____
INJURY AT WORK? 30e ☐ Yes ☐ No		IF TRANSPORTATION ACCIDENT, Specify 30f ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____	
PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 30g _____			

CORONER'S REVIEW AREA

CORONER'S ACTION (Check One) 31a (1) ☐ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified	CORONER'S SIGNATURE 31b _____	DATE SIGNED (Month, Day, Year) 31c _____
--	----------------------------------	---

REGISTRAR

REGISTRAR'S SIGNATURE 32a _____	DATE FILED (Month, Day, Year) 32b _____
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VITAL STATISTICS COPY

*At a minimum, complete items 1; 3; 9a, b, c, d; 21a, b, 22; and 29e for the 24 Hour Report & Authorization For Final Disposition

62960

JIM BECKMAN
IDAHO COUNTY ASSESSOR
320 W MAIN RM # 1
GRANGEVILLE ID 83530-1993

2004

ASSESSMENT NOTICE

& ESTIMATE OF TAX

THIS IS NOT A BILL.
DO NOT PAY.

RECEIVED

SEP 20 2004

PARCEL DESCRIPTION:

T28N R1E SEC 14 12.06 AC
E2NW4NE4 SO & E OF ROAD
LESS PT TAX # 28

For any questions, please notify the Assessor's Office immediately.
Assessor's Telephone Number: (208) 983-2742

PARCEL ADDRESS:

HOLES LILLIAN B
*
C/O HOLES, GERALD
525 ELK STREET
GRANGEVILLE ID 83530

Appeals of your property value must be filed in writing, on a form provided by the County, by:

JUNE 28, 2004

Tax Code Area: 16-0000

Parcel Number: RP 28N01E140610 A

PROPERTY TAX REDUCTION IS NOT INCLUDED.

ASSESSED VALUE OF YOUR PROPERTY			
CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
12 RURAL RES TR	12.060 AC	44,547	44,547
32 RURAL IMP ON AG		671	671
34 BLDG RES TR		80,344	80,344
SUBTOTAL:	12.060	125,562	125,562
LESS HOMEOWNERS EXEMPTION:			
NET TAXABLE PROPERTY VALUE:		125,562	125,562

These values may not include personal property values. Taxes are based on the values shown on this Notice and on the Budgets of the taxing districts.

ESTIMATED PROPERTY TAXES				
TAXING DISTRICTS	LAST YEAR'S TAXES	CURRENT YEAR'S ESTIMATED TAXES	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
COUNTY	325.36		983-2751	09/07/2004
SCHOOL #241	601.98		983-0990	06/21/2004
WYBIRD CEM	25.20		839-2336	07/25/2004
FLOOD #6	24.12		839-2441	05/03/2004
SYRINGA HOSP	49.62		983-1700	08/25/2004
SUBTOTAL:	1,026.28			
FEES:	312.00			
TOTAL PROPERTY TAXES & FEES:	1,338.28			

THIS IS NOT A BILL. DO NOT PAY.

See the back of this Notice for details.

RECEIVED
SEP 20 2004
DEPARTMENT OF
WATER RESOURCES

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, LILLIAN HOLES, of Rt. 1 Box 4C, Grangeville, Idaho County, ID 83530, do make, constitute and appoint, E. RAY HOLES, of Rt. 1 Box 4C, Grangeville, ID 83530, or in the alternative, GERALD RAY HOLES, of 525 Elk Street, Grangeville, ID 83530, my true and lawful attorney in fact, for me and in my name, place and stead;

To grant, bargain, sell and convey any or all of my real estate, or any interest therein, upon such terms and conditions as my said attorney shall think fit;

To lease, manage, cultivate, collect rent or operate any and all real property owned by me or in which I have or may have any interest, and to alter, repair or improve any building or structures upon such real property, and to pay for the same out of any monies belonging to me, and to insure the same against loss by fire or other casualties;

To demand, compromise, sue for, enforce payment of and receive and give discharge for all monies, securities for monies, deeds, chattels or other personal property now belonging or hereafter to belong to me, and to sell, transfer or assign all or any part of my personal property, or any interest which I may have in the same, upon such terms and conditions as my said attorney shall think fit;

To deposit any monies belonging to me in any bank, and to withdraw the same, and to endorse all checks, including social security checks, drafts and orders, and to arrange and settle all accounts with the bank holding such deposits;

To invest any and all monies belonging to me in such manner as my attorney shall think proper, including the purchase of real and personal property for me and in my name;

To pay any or all debts, claims or obligations owing by me, premiums on life, accident, fire or other insurance policies, installments of principal or interest on any mortgages, real estate contract, or any of my obligations, out of any monies belonging to me, and to have access to any safe deposit box which has been

rented in my name, or in the name of myself and any other person or persons;

To enter into agreements for the extension of the time of payment of any notes, mortgages, real estate contracts or other obligations which I owe or may owe upon any real or personal property, or to refinance the same by execution of all necessary notes, mortgages or other papers;

To employ servants, attorneys at law or other persons which my said attorney in fact may deem proper for the management, control, operation or safeguarding of any or all of my properties or interest, financial or otherwise, and to pay for the same out of any monies belonging to me;

To sign my name and execute and deliver on my behalf, all agreements, deeds, contracts, transfers, notes, mortgages, releases, satisfactions, receipts, checks, assignments and any or all other instruments which my said attorney in fact may deem necessary;

To execute vouchers, and make, execute and file claims or demands on my behalf of any and all allowances or reimbursements, properly payable to me by the United States of America, the State of Idaho, or the County of Idaho, and to receive, endorse and collect the proceeds of any checks payable to me and drawn on the Treasury of the United States;

I do hereby ratify everything which my said attorney shall do by virtue of these presents, and all of the powers herein granted shall be binding upon myself, and my heirs, and legal and personal representatives and assigns, as to all third persons, and my said attorney, acting in good faith under or in reliance upon the power herein granted, providing the same shall have been done before my attorney and said third person or persons acting in reliance thereon shall receive actual knowledge or actual notice of the revocation or termination of this Power of Attorney, by my death or otherwise.

I hereby acknowledge that it is my intent that this Power of

Attorney shall continue even after the disability of me.

Consequently, pursuant to Idaho Code § 15-5-501, which was in effect upon the execution of this Power of Attorney, I state the following:

This Power of Attorney shall not be affected by the disability of the principal, and shall continue during any period of disability in accordance with that section of Idaho law.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

14th day of August, 1991.

Lillian Holes
LILLIAN HOLES

STATE OF IDAHO)
 ss
County of Idaho)

On this 14th day of August, 1991, before me, a Notary Public in and for said County and State, personally appeared LILLIAN HOLES, known to me to be the person whose name is subscribed to the within instrument and she acknowledged to me that she freely executed the same.

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

(NOTARY SEAL)

Dennis Fuller
Notary Public for the State of
Idaho, Residing at Grangeville,
therein. My commission expires
12-25-94.