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QUIT-CLAIM DEED

RECEIVED 20308106
APR 17 2003
Department of Water Resources
Eastern Region

THIS INDENTURE, made this 8 day of March, 2003, between Rita Ann Beenken and Gregory M. Beenken, as successor Co-Trustees, effective upon the death of Harold G. Beenken, predecessor Trustee of the Beenken Family Revocable Living Trust, UAD 12/11/1991, as evidenced by the copy of the Certificate of Death of Harold G. Beenken, attached hereto, whose complete mailing address is 7940 NW 10th Street, Plantation, Florida 33322, herein designated as Grantor, and the Gregory M. Beenken Revocable Living Trust, UAD 01/06/03, whose complete mailing address is 7940 NW 10th Street, Plantation, Florida 33322, herein designated as Grantee:

Grantor, for valuable consideration, does by these presents, Demise, Release and forever Quit Claim unto Grantee and his beneficiaries and assigns forever, the following described premises in the County of Bannock, State of Idaho, bounded and more particularly described as follows, to-wit:

Lot One (1), Section Twenty-Nine (29), and Lot Three (3), Section Twenty (20), and Tax Number Twelve (12), in Lot Two (2), Section Twenty-Nine (29), all in Township Nine (9) South, Range Thirty-Eight (38) East, Boise Meridian.

Also, any interest Grantor may have in a small tract in Lot Two (2), Section Nineteen (19), Township Nine (9) South, Range Thirty-Eight (38) East Boise Meridian, sometimes identified as Tax Number Eighteen (18).

Together with all and singular, the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the rents, issues and profits thereof.

TO HAVE AND TO HOLD, all and singular, the said premises, together with the appurtenances and privileges thereunto incident unto the Grantee and to his heirs or assigns forever.

IN WITNESS WHEREOF, the said Grantor have hereunto set hand and seal the day and year first above written.

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Service. Gasser. kerc

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20308106

DEED IN FULL PAYMENT OF

PRE 9- DEED M

GREGORY M. BEENKEN

2003 APR 1 PM 3 43

OFFICIAL RECORD BK# 827

LASTY 101 IN REORDER

STATE OF Florida

County of Broward SS

RITA ANN BEENKEN

On this 17th day of March, 2003, before me, a Notary Public in and for said County and State, personally appeared GREGORY M. BEENKEN, known to me to be the person whose name he subscribed to the within instrument, and acknowledged to me that he 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.

(SEAL) Carol Wahler
My Commission DD106984
Expires April 7 2006

NOTARY PUBLIC For Gregory M. Beenken
Residing at: 8222 W. Bradford Blvd Plant Ft. 333
Commission Expires 4/7/2006

STATE OF SC

County of Allendale SS

On this 20 day of March, 2003, before me, a Notary Public in and for said County and State, personally appeared RITA ANN. BEENKEN, known to me to be the person whose name she subscribed to the within instrument, and acknowledged to me that she 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.

(SEAL)

NOTARY SEAL
Helen P. Freeman
NOTARY PUBLIC For South Carolina
Residing at: 572 Darlington St Fairfax, SC
Commission Expires 6/10/04

OFFICE of VITAL STATISTICS

CERTIFIED COPY

20308106

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME FIRST: Harold MIDDLE: George LAST: Beenken			2. SEX Male	
3. DATE OF DEATH (Month, Day, Year) December 10, 2002		4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (years) 80
6. DATE OF BIRTH (Month, Day, Year) August 09, 1922		7. BIRTHPLACE (City and State or Foreign Country) Lakota, Iowa		5b. UNDER 1 YEAR Months: _____ Days: _____
8a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL ☒ Inpatient ER/Outpatient ☐ COA ☐ OTHER: _____ Nursing Home _____ Residence _____ Other (Specify) _____			8b. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes	
9a. FACILITY NAME (If not institution, give street and number) Florida Hospital - Orlando			9b. INSIDE CITY LIMITS? (Yes or No) Yes	
9c. CITY, TOWN, OR LOCATION OF DEATH Orlando			9d. COUNTY OF DEATH Orange	
10a. DECEDENT'S USUAL OCCUPATION Electrical Engineer		10b. KIND OF BUSINESS/INDUSTRY Medical		11. MARITAL STATUS: Married _____ Never Married _____ Widowed _____ Divorced (Specify) _____ Widowed
12. SURVIVING SPOUSE (If wife, give maiden name)				
13a. RESIDENCE - STATE Florida		13b. COUNTY Orange		13c. CITY, TOWN, OR LOCATION Winter Park
13d. STREET AND NUMBER 200 St. Andrews Blvd. #1203				
14a. INSIDE CITY LIMITS? (Yes or No) Yes		14b. ZIP CODE 32792		14c. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary _____ Secondary _____ College (1-4 or 5+) _____ 4		
17. FATHER'S NAME (First, Middle, Last) Harm G. Beenken			18. MOTHER'S NAME (First, Middle, Maiden Surname) Sina U. Miller	
19a. INFORMANT'S NAME (Type Print) Gregory M. Beenken			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7940 N.W. 10 St, Plantation, FL 33322	
20a. METHOD OF DISPOSITION Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Orange County Crematory		20c. LOCATION - City or Town, State Orlando, Florida
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. LICENSE NUMBER (of Licensee) KA0000546		21c. NAME AND ADDRESS OF FACILITY National Cremation Society Beacon Chapter 2315 Lee Road - Winter Park, FL 32789
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>[Signature]</i>		23a. 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) _____		
22b. DATE SIGNED (Mo., Day, Yr) 12/16/02		22c. HOUR OF DEATH 16:50		23b. DATE SIGNED (Mo., Day, Yr) _____
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) _____		23c. HOUR OF DEATH _____		
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Dennis Stevenson, M.D. 101 Edinburgh Dr., Winter Park, FL 32792				
25a. SUBREGISTRAR - SIGNATURE AND DATE _____		25b. LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i> DEPUTY REGISTRAR		25c. DATE REGISTERED DEC 18 2002
26. 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 (Final disease or condition resulting in death) → RESPIRATORY FAILURE				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. HEPATIC ENCEPHALOPATHY b. CLAPHEMIA c. HEPATOMA (CHRONIC)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. RIGHT THORACOTOMY				
27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No		27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) No		27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes
28. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 1 MONTHS? Yes ☐ No ☒		29a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED HEPATIC ENCEPHALOPATHY		29b. DATE OF SURGERY (Mo., Day, Year) 12/19/02
30. MODE OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined. NATURAL		31a. DATE OF INJURY (Month, Day, Year) _____		31b. TIME OF INJURY _____
31c. INJURY AT WORK? (Yes or No) _____		31d. DESCRIBE HOW INJURY OCCURRED _____		
32a. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) _____		32b. LOCATION (Street and Number or Rural Route Number, City or Town, State) _____		

BY

State Registrar

DEC 18 2002



WARNING:
9734119

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF
HEALTH

FORM 1664A (3/99)

SERVICE GASSER & KERL, PLLC.

ATTORNEYS AND COUNSELORS AT LAW
2043 EAST CENTER STREET
P.O. Box 6009
POCATELLO, ID 83205-6009

TEL: (208) 232-4471
FAX: (208) 232-1808
SENDER'S E-MAIL: JAS@SGKLAW.NET

Allen



ARCHIE W. SERVICE
MONTE C. GRAY

CLARK GASSER
1929-2001

DARCY L. TAYLOR
PARALEGAL

April 16, 2003

State of Idaho
Department of Water Resources
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718

RECEIVED
APR 17 2003
Department of Water Resources
Eastern Region

Re: Water Right Number: 29-7393A
The Beenken Family Revocable Living Trust
Gregory M. Beenken Revocable Living Trust

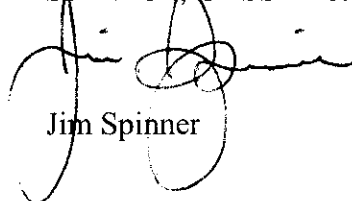
Dear Department:

In regard to the above water right, #29-7393A, I understand Mr. Greg Beenken has returned the Notice of Error Reply in regard to the Preliminary Recommendation for the SRBA. The Notice of Error was returned to note the change of ownership of the water right from the Beenken Family Revocable Living Trust, c/o Harold Beenken, to the Gregory M. Beenken Revocable Living Trust, c/o Gregory Beenken.

To support that change of ownership, enclosed please find a copy of a recorded Quit Claim Deed with a copy of a Certificate of Death for Harold Beenken attached. The deed transfers the property to which the water right attaches to the Gregory M. Beenken Revocable Living Trust. The transfer being the result of Harold Beenken's passing away and the property being acquired by his son, Gregory, and resulting trust.

If you have any questions, please contact either Gregory Beenken or me. Best regards.

SERVICE GASSER & KERL


Jim Spinner

JS/tdd
Enc.

cc: Greg Beenken