

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

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO
THE USE OF WATER FROM THE COEUR D'ALENE-
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 95-14606

Date Received: 4/19/2011

Received By: 

N 026983

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

RECEIVED

APR 25 2011

IDWIP/1011

1. Name of Claimant(s)

AMSBERRY CABIN TRUST
2412 E GIRARD PLACE
SPOKANE WA 99223

2. Date of Priority: 12/31/1967

3. Source: COEUR D ALENE LAKE Tributary to: SPOKANE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
49N	04W	14	SE SW	4	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
49N	04W	14	SE SW	4	DOMESTIC	

Section Acres

Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use?

Yes ☒

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use
DOMESTIC

Description

14. Basis of Claim: Beneficial Use

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do _____ do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Amberly Cabin Trust Date: 4-21-11
Jessie Ro Amberly TRUSTEE Date: 4-21-11

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

_____ of _____,
Title Organization

That I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name