

**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: 95-4311**

Date Received: 05/24/2011 *Am*

Receipt No.: N027278

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SHERRY JAMISON JANDA	PO BOX 208	WORLEY	ID	USA	83876
BAILEY JAMISON JANDA	PO BOX 208	WORLEY	ID	USA	83876

2. Date of Priority:

Date	Explanation
6/1/1968	MY FAMILY HAS NEVER OWNED PROPERTY IN T47N R04W S.2 SE SW GL 4 AS INDICATED IN STATUTORY CLAIM 95-4311. MY FAMILY HAS OWNED PARCEL 0-1260-000-025-0 (SEE ATTACHMENT) IN T47N R04W S.2 NE NW GL2 SINCE THE 1960S. I BELIEVE THE PUBLISHED LEGAL DESCRIPTION IN THE STATUTORY CLAIM IS INCORRECT AND THAT THE PRIORITY DATE CLAIMED IS CORRECT FOR WHEN WATER USE BEGAN ON TAX PARCEL 0-1260-000-025-0.

3. Source:

Source	Tributary	Type
SPRING	COEUR D'ALENE LAKE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
47N	04W	11	2	NE	NW	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	47N	04W	11	NE	NW	KOOTENAI	2	-

9. Basis of Claim:

Basis	WaterRight
Statutory Claim	95-4311

10. 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.

Number of attachments: 1

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

Signature of Claimant(s): Sherry Jamison Janda Date: 5/24/11
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of 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