

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 13 2013

DEPARTMENT OF
WATER RESOURCES

Notice of Change in Water Right Ownership

1. List the numbers of all water rights and/or adjudication claim records to be changed. If you only acquired a portion of the water right or adjudication claim, check "Yes" in the "Split?" column.

Water Right/Claim No.	Split?	Water Right/Claim No.	Split?	Water Right/Claim No.	Split?
93-7406	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name:

EDWARD L. BERRETH, LARRY L. BERRETH, STANLEY R. BERRETH
Name of current water right holder/claimant

3. New Owner(s)/Claimant(s):

Name of each new owner as listed on the conveyance document

New owner continued

Name connector

☐ and

☐ or

☐ and/or

Mailing address

City

State

ZIP

Telephone

Email

4. If the water rights and/or adjudication claims were split, how did the division occur?

- ☐ The water rights or claims were divided as specifically identified in a deed, contract, or other conveyance document.
☐ The water rights or claims were divided proportionately based on the portion of their place(s) of use acquired by the new owner.

5. Date you acquired the water rights and/or claims listed above: _____

6. This form must be signed and submitted with the following **REQUIRED** items:

- A copy of the conveyance document – warranty deed, quitclaim deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property or description of the water right(s) if no land is conveyed.
- Plat map, survey map or aerial photograph which clearly shows the place of use and point of diversion for each water right and/or claim listed above (if necessary to clarify division of water rights or complex property descriptions).
- Filing fee (see instructions for further explanation):
 - \$25 per *undivided* water right.
 - \$100 per *split* water right.
 - ✓ No fee is required for pending adjudication claims.

7. Signature:

Stanley R. Berreth
Signature of new owner/claimant

Title, if applicable

August 9, 2013
Date

Signature:

Signature of new owner/claimant

Title, if applicable

Date

For IDWR Office Use Only:

Received by

N/A

Date

Receipt No.

Receipt Amt.

Approved by

Processed by

Date

8-13-13

06/12/2013

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 93-7406

NAME AND ADDRESS: EDWARD L BERRETH
~~3725 KING VALLEY RD~~
~~DESMET ID 83824~~

757 Tupper Road
Weippe Idaho 83553

LARRY L BERRETH
~~3725 KING VALLEY RD~~
~~DESMET ID 83824~~

15221 N. 3-FORKS Rd
Hauser, Idaho 83854

~~GEVE KRELE~~
~~3725 KING VALLEY RD~~
~~DESMET ID 83824~~

Removed (Deceased)

STANLEY R BERRETH
3725 KING VALLEY RD
DESMET ID 83824

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 08/22/1977

POINT OF DIVERSION:

T44N R05W S14 SWNE Within BENEWAH County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE	PERIOD OF USE	QUANTITY
DOMESTIC	01/01 12/31	0.040 CFS
STOCKWATER	01/01 12/31	0.020 CFS
Domestic use is for 1 home.		

PLACE OF USE: STOCKWATER in BENEWAH County

T44N R05W S14 SWNE

DOMESTIC in BENEWAH County

T44N R05W S14 SWNE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Property is also known as Lots 1 through 12, Block 16, plus vacated 6th Street and Lots 1 through 12, Block 24, Desmet.

Parcel No. RPC0010240500BA

August 9, 2013

Please remove Gene Krell's
name from water right ownership

Deceased December 27, 2011 Copy
of death certificate enclosed

Thank you

Stanley R Berrett

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2011-013569

LOCAL FILE NUMBER: 4394

DATE ISSUED: 01/03/2012

FEE NUMBER: 0003205063

GIVEN NAMES: GENE MILTON
LAST NAME: KRELL

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: DECEMBER 27, 2011
HOUR OF DEATH: 03:25 P.M.
SEX: MALE
AGE: 80 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: FEBRUARY 16, 1931
BIRTHPLACE: TEKOA, WHITMAN CNTY, WASHINGTON

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: FARMER
INDUSTRY: AGRICULTURE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES? YES

INFORMANT: GAYLE STICKEL
RELATIONSHIP: DAUGHTER
ADDRESS: 5947 N. MOORE SPOKANE, WASHINGTON 99205

CAUSE OF DEATH:
A. ACUTE INTRACEREBRAL HEMORRHAGE
INTERVAL: 36 HOURS

B. INTERVAL:

C. INTERVAL:

D. INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSION

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: VALLEY HOSPITAL AND MEDICAL CENTER
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 99216

RESIDENCE STREET: 221 SOUTH LAKE STREET
CITY, STATE, ZIP: TEKOA, WASHINGTON 99033
INSIDE CITY LIMITS? YES
COUNTY: WHITMAN
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: MILTON EDWARD KRELL
MOTHER: ALMA MARGUERITE RYSER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: GOLDENROD CEMETERY
CITY, STATE, ZIP: TEKOA, WA
DISPOSITION DATE: DECEMBER 31, 2011

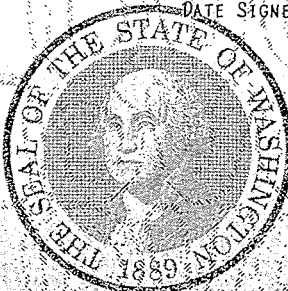
FUNERAL FACILITY: KRAMER FUNERAL HOME
ADDRESS: PO BOX 1015
CITY, STATE, ZIP: TEKOA WA 99033
FUNERAL DIRECTOR: ROBERT C. KRAMER

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: K. CRAIG HART MD FACP
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 12606 E. MISSION AVENUE
CITY, STATE, ZIP: SPOKANE VALLEY WA 99216
DATE SIGNED: DECEMBER 29, 2011

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
KENNETH HART MD

LOCAL DEPUTY REGISTRAR:
LINDA MAHMOOD
DATE RECEIVED: DECEMBER 29, 2011



DOH 01-003 (6/10)