

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 94-8112Date Received: 10/05/2010Receipt No: N025951Received By: pm

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

208-689-3705 House1. Name of Claimant(s) HOWARD WILSON LIVING TRUST Phone (208) 755-7104Mailing Address P.O. Box 86 HARRISON ID Zip 83833
Street or Box City State2. Date of Priority: (Only one per claim) 01/01/1991
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (☒) or Other (☐) (a) N/A
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 47N, Range 03W, Section 03
SW 1/4 of SW 1/4, or Govt. Lot 5 BM. County of KOOTENAIParcel (PIN) no. 47N03W-03-6075Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

94-90-N-2 well completed 1990 and Connected to new
built home 1991 and Connected to outbuildings later

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01-01 to 12-31 amount .04 cfs (☒) or AFY (☐)
Month/Day Month/DayFor Stock water purposes from 01-01 to 12-31 amount .037. Total Quantity claimed .07 cfs (☒) or AFY (☐)

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 Home 70 head mixed Stock(CATTLE, HORSES, GOATS, EQUINES)

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9. Location of Place of Use is: Township 47N, Range 03W, Section 03,
SW 1/4 of SW 1/4, Govt. Lot 5 BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock (☒) If different than shown in Item 4

Additional places of use, if any N/A

10. In which county (ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes () No (☒)

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (☒)

13. Remarks:

SUCCESSOR TRUSTEE, BRENNA JEROME, will become sole
owner of property upon estate settlement

14. Basis of Claim (Check One) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 notices 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) _____ Date: _____

_____ Date: _____

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

SUCCESSOR TRUSTEE of HOWARD WILSON LIVING TRUST,
Title Organization

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

Brenna Jerome of HOWARD WILSON LIVING TRUST,
SUCCESSOR TRUSTEE Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

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