

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 95-220Date Received: 10-16-09Receipt No: NO 22495Received By: cm

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

RECEIVED

OCT 16 2009

IDWR/North

1. Name of Claimant(s) Daniel & Gina Stubbs Family Trust Phone (208) 665-2658Mailing Address 2500 N. Government Way Coeur d' Alene ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 09/01/1958
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other (X) (a) Hayden Lake
which is tributary to (b) Sinks4. Location of Point of Diversion is: Township 51N, Range 03W, Section 15,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 03500000094CAdditional points of diversion if any: NoneIf available, GPS coordinates: Not Available5. 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. Pump, 2" water line to pressure tank at residence and filtration system.

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

For Domestic purposes from 04/01 to 10/31 amount 0.02 cfs(X) or AFY ()For N/A purposes from _____ to _____ amount _____7. Total Quantity claimed 0.02 cfs (X) or AFY ()

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

Stockwater and Number of livestock) Domestic, one (1) home

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9. Location of Place of Use is: Township 51N, Range 03W, Section 15,
NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** ()

Additional places of use, if any None

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 (X) 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 (X)

13. Remarks:

None

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

Court Unknown Decree Date 03/23/1973 Plaintiff v. Defendant Unknown

If applicable provide IDWR Water Right Number 95-220

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 0

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

Trustee of the Daniel & Gina Stubbs Family Trust,

Title

Organization

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

Trustee of the Daniel & Gina Stubbs Family Trust,

Title

Organization

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

Signature of Authorized Agent [Signature] Date 10/9/2008

Title and Organization Trustee, Daniel & Gina Stubbs Family Trust

16. Notice of Appearance:

Notice is hereby given that I, Brent G. Schlotthauer, 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 [Signature] Date 10/14/09

Address 409 Coeur d' Alene Ave., Coeur d' Alene, ID 83814

Last Name Daniel & Gina Stubbs Identification No. _____

Family Trust

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