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RECEIVED

JUL 20 2015

IDWR/NORTH

Peggy Johnson,
Paralegal

FACSIMILE LETTER

TO: Idaho Dept. of Water Resources FROM: Steve Smith
Attn: Evan Roda

RE: Virginia L. Smith/Updated Address

DATE: July 20, 2015

TIME: 9:50 a.m.

TELECOPY NO.: (208) 762-2819

TELEPHONE NO.: ()

NUMBER OF PAGES (including this cover sheet): 7

MESSAGE: At the request of my sister, Corky Thompson, attached please find a copy of the Idaho Statutory Form Power of Attorney for our mother, Virginia L. Smith. It was my understanding that you needed that document in order to update the department's records so that water right notifications for our mother would be sent to my sister at her address. Please let me know if you need any additional information or documentation.

Thank you.

Steve Smith

p: Corky Thompson (without attachment)

SCANNED

JUL 21 2015

NOTICE OF CONFIDENTIALITY

The information in this facsimile is confidential and intended only for the use of the addressee. The data transmitted may be privileged and exempt from disclosure. Do not copy or distribute to anyone other than the addressee. Use of data by other than the intended recipient is prohibited. Please notify this office immediately if you have received this communication in error. Upon notification this office will arrange for return of the facsimile copies to Stephen F. Smith. Thank you for your assistance.

IDAHO STATUTORY FORM**POWER OF ATTORNEY**

This power of attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent can make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney Act, chapter 12, title 15, Idaho Code.

This power of attorney does not authorize the agent to make health care decisions for you.

You should select someone you trust to serve as your agent. The agent's authority will continue until your death unless you revoke the power of attorney or the agent resigns.

Your agent is entitled to reasonable compensation unless you state otherwise in the Special Instructions.

This form provides for designation of one (1) agent. If you wish to name more than one (1) agent, you may name a coagent in the Special Instructions. Coagents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

This power of attorney becomes effective immediately unless you state otherwise in the Special Instructions.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT.

I, Virginia L. Smith, name the following person as my agent:

Corinne M. Thompson, of 6154 Bottle Bay Road, Sagle, Idaho 83860, (208) 263-6744.

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL).

If my agent is unable or unwilling to act for me, I name as my successor agent:

Stephen F. Smith, of 102 Superior Street, Sandpoint, Idaho 83864, (208) 263-3115.

If my successor agent is unable or unwilling to act for me, I name as my second successor agent:

_____, of _____,
_____, () ____.

GRANT OF GENERAL AUTHORITY.

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Uniform Power of Attorney Act, Chapter 12, Title 15, Idaho Code (the "Act"): (INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initialing each subject.)

- ☐ Real Property
- ☐ Tangible Personal Property
- ☐ Stocks and Bonds
- ☐ Commodities and Options
- ☐ Banks and Other Financial Institutions
- ☐ Operation of any Entity or Business
- ☐ Insurance and Annuities
- ☐ Estates, Trusts, and Other Beneficial Interests
- ☐ Claims and Litigation
- ☐ Personal and Family Maintenance
- ☐ Benefits from Governmental Programs or Civil or Military Service
- ☐ Retirement Plans
- ☐ Taxes
- VLS ☒ All Preceding Subjects

GRANT OF SPECIFIC AUTHORITY (OPTIONAL).

My agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below: (CAUTION: Granting any of the following will give your agent the authority to take actions that could significantly reduce your property or change how your property is distributed at your death. INITIAL ONLY the specific authority you WANT to give your agent.)

- ☐ Create, amend, revoke or terminate an inter vivos trust.
- ☐ Make a gift, subject to the limitations of the Act, and any special instructions in this power of attorney.
- ☐ Make a gift without limitations except any special instructions in this power of attorney.
- ☐ Create or change rights of survivorship.
- ☐ Create or change a beneficiary designation.
- ☐ Authorize another person to exercise the authority granted under this power

- of attorney.
- ☐ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.
- ☐ Exercise fiduciary powers that the principal has authority to delegate.

LIMITATION ON AGENT'S AUTHORITY.

An agent that is not my ancestor, spouse, or descendant MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions.

SPECIAL INSTRUCTIONS (OPTIONAL).

On the following lines you may give special instructions:

EFFECTIVE DATE.

This power of attorney is effective immediately unless I have stated otherwise in the Special Instructions.

NOMINATION OF CONSERVATOR (OPTIONAL).

If it becomes necessary for a court to appoint a conservator of my estate, I nominate the following person(s) for appointment:

_____, of _____,
_____, (____) ____-____.

RELIANCE ON THIS POWER OF ATTORNEY.

Any person, including my agent, may rely upon the validity of this power of attorney

or a copy of it unless that person knows it is terminated or invalid.

DELEGATION OF DURABLE POWER.

I confirm my intention that this power of attorney be considered a durable power of attorney as defined in Idaho Code §15-12-102(2), meaning that it will not be terminated by my incapacity.

Virginia L. Smith
Signature of person by notary

Stephen F. Smith
Witness Signature

Signature affixed by notary in the presence of Virginia L. Smith and

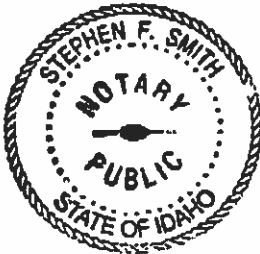
_____ (Witness).

STATE OF IDAHO)

County of Bonner)
ss

On this 5th day of March, 2014, before me, the undersigned, a notary public, personally appeared Virginia L. Smith, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same by directing the undersigned notary to affix his signature thereto.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.



Stephen F. Smith
Notary Public
In and for the State of Idaho
Residing at: 52910
My commission expires: 12/15/18

IMPORTANT INFORMATION FOR AGENT**AGENT'S DUTIES**

When you accept the authority granted under this power of attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the power of attorney is terminated or revoked.

You must:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest;
- (2) Act in good faith;
- (3) Do nothing beyond the authority granted in this power of attorney; and,
- (4) Disclose your identity as an agent whenever you act for the principal by signing the name of the principal and signing your own name as "agent" in the following manner:(Principal's Name).....by....(Your Signature).....as agent.

Unless the Special Instructions in this power of attorney state otherwise, you must also:

- (1) Act loyally for the principal's benefit;
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest;
- (3) Act with care, competence and diligence;
- (4) Keep a record of all receipts, disbursements, and transactions conducted for the principal;
- (5) Cooperate with any person that has authority to make health care

decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest; and,

(6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney. Events that terminate a power of attorney or your authority to act under a power of attorney include:

- (1) Death of the principal;
- (2) The principal's revocation of the power of attorney or your authority;
- (3) The occurrence of a termination event stated in the power of attorney;
- (4) The purpose of the power of attorney is fully accomplished; or,
- (5) If you are the spouse of the principal, a legal action is filed with a court to end your marriage to the principal, or for your legal separation, unless the Special Instructions in this power of attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Act. If you violate the Act or take action outside the authority granted, you may be liable for any damages caused by your violation.

IF THERE IS ANYTHING ABOUT THIS DOCUMENT OR YOUR DUTIES THAT YOU DO NOT UNDERSTAND, YOU SHOULD SEEK LEGAL ADVICE.

[END OF DOCUMENT]