

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

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IDWR / NORTH

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?
94-9430	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: VIOLET L BIGGERS AND CHERRI KILIAN
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): CHERRI KILIAN
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 15410 E 26TH COURT SPOKANE VALLEY WSA 99037
Mailing address City State ZIP
- (509)220-8369 clkusa@me.com
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: 12/28/2015
6. If the water right described herein has been rented from the Water Supply Bank, rental proceeds will be disbursed in the following manner regardless of any arrangements between the buyer(s) and seller(s) to the contrary:
- Rental payments will go to the lessor(s) of record at the beginning of the rental season.
 - If a change in ownership is processed by the Department during a rental season, rental payment will be made to the person or entity who is the lessor of record at the beginning of that rental season.
 - New lessor(s) of record will receive payment after the following rental season.
7. 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.

SCANNED

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8. Signature:  Title, if applicable: _____ Date: 7-27-2016
Signature of new owner/claimant
- Signature: _____ Title, if applicable: _____ Date: _____
Signature of new owner/claimant

For IDWR Office Use Only:

Received by N/A Date N/A Receipt No. N/A Receipt Amt. N/A
 Approved by  Processed by  Date 7/27/2016

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2015-038742

LOCAL FILE NUMBER: 5045

DATE ISSUED: 01/06/2016

FEE NUMBER: 0003203068

GIVEN NAMES: VIOLET LENORE
LAST NAME: BIGGERS

COUNTY OF DEATH: SPOKANE
DATE OF DEATH: DECEMBER 28, 2015
HOUR OF DEATH: 10:35 P.M.
SEX: FEMALE
AGE: 85 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: AUGUST 18, 1930
BIRTHPLACE: KAMIAH, LEWIS CNTY, IDAHO

MARITAL STATUS: WIDOWED
SPOUSE:

OCCUPATION: TEACHER
INDUSTRY: EDUCATION
EDUCATION: BACHELOR'S DEGREE
US ARMED FORCES? NO

INFORMANT: CHERRY KILIAN
RELATIONSHIP: DAUGHTER
ADDRESS: 15410 E 26TH CT, SPOKANE VALLEY, WA 99037

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

RESIDENCE STREET: 15006 E 13TH AVE
CITY, STATE, ZIP: SPOKANE VALLEY, WASHINGTON 990379688
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 25 YEARS

FATHER/PARENT: ORAL ROBERT YOUNG
MOTHER/PARENT: MARY MORRIS

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: JANUARY 02, 2016

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE
ADDRESS: 222 EAST FRANCIS AVENUE
CITY, STATE, ZIP: SPOKANE WA 99208
FUNERAL DIRECTOR: CHARLES S WETMORE

CAUSE OF DEATH:
A. RUPTURED ASCENDING THORACIC ANEURYSM
INTERVAL: 1 HOUR
B. ATRIAL FIBRILLATION
INTERVAL: 10 YEARS
C. ANTI COAGULABLE STATE
INTERVAL: 10 YEARS
D. TRICUSPID AORTIC VALVE
INTERVAL: SINCE BIRTH

OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERLIPIDEMIA AND HYPOTHYROIDISM

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

LOCATION OF INJURY:

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

MANNER OF DEATH: NATURAL
AUTOPSY: NO

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

CERTIFIER NAME: JAY ST ONGE PAC
TITLE: PHYSICIAN'S ASSISTANT
CERTIFIER
ADDRESS: 14408 E SPRAGUE AVE
CITY, STATE, ZIP: SPOKANE VALLEY WA 99216
DATE SIGNED: DECEMBER 31, 2015

SCA
JUL 27 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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

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

LOCAL DEPUTY REGISTRAR:
SANDRA HUHS
DATE RECEIVED: DECEMBER 31, 2015

DOH 01-003 (1/15)