

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

RECEIVED

MAY 18 2010

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

IDWR / NORTH

CIVIL CASE NUMBER: 49576

Ident. Number 95-15889

Date Received: 5-18-10

Receipt No: N0243724

Received By: ur

- Name of Claimant(s) MICHAEL J MADDEN Phone (509) 999-7602
5418 N NEW YORK LN SPOKANE, WA 99212
Mailing Address 19976 S. CHAPMAN RD WORLEY ID 83876
Street or Box City State Zip
- Date of Priority: (Only one per claim) 12/31/1961
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other ☒ (a) LAKE COEUR D'ALENE
which is tributary to (b) SPOKANE RIVER
- Location of Point of Diversion is: Township 48 N, Range 4 W, Section 20,
SW 1/4 of NE 1/4, or Govt. Lot 4 BM. County of KOOTENAI;
Parcel (PIN) no. 0-0608-000-011-0
Additional points of diversion if any: NONE
If available, GPS coordinates: NONE
- 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 + PIPE IN LAKE
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.04 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) ONE HOUSE

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9. Location of Place of Use is: Township 48N, Range 4W, Section 20,
SW 1/4 of NE 1/4, Govt. Lot 4 BM. Parcel (PIN) no. 0-0600-000-011-0
for (Check One) Domestic ☒ Stock () Domestic and Stock ()
If different than shown in Item 4

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 ☒ 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:

HOME WAS BUILT IN 1961

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: 24 mfm

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) Michael J. Madden Date: 5/14/10

_____ Date: _____

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

_____ of _____,
Title Organization

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

_____ of _____,
Title 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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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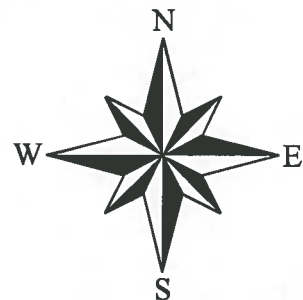
MADDEN PIN 0-0600-000-011-0



0 70 140 280 420 560 Feet

Legend

- Application POD
- ▨ Application POU
- workingpod
- ▭ workingpou
- ▭ QQ
- ▭ Taxlots



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**Kootenai County
Property Information**

Pioneer Title Company

Encouraging You to Use a Real Estate Professional

(208) 664-8254 • 100 Wallace Avenue • Coeur d'Alene



Property Address: 19976 S CHAPMAN RD

Property City: WORLEY

Owner Information:

Name: WALLACH, MICHAEL L ETUX

Owner 2:

Mail Address: PO BOX 28942

City: SPOKANE

State: WA

ZIP: 99228-8942

Assessor Information

Property Identification: 0-0600-000-011-0

Assessor ID #: 108551

Section: 48N04W20

Instrument #: 1330878

CA Code: 067000

Legal Description: 1ST ADD TO BENPOINT, LT 11

Acres: .499

Current Property:

Land Information

Land Description 1: WF Vacant Non-Buildable - 95

Land Description 2: WF Homesite - 90

Land Description 3: -

Platted: P

Water Avail.:

Water Avail.:

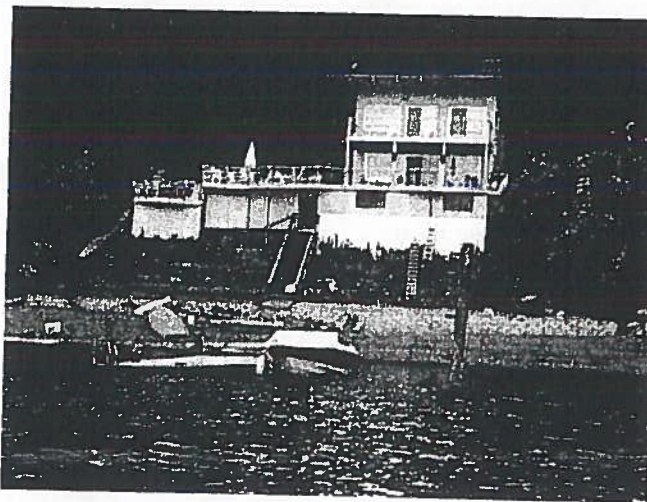
Electric: Y

IS:

Assessor Categories:

Category	Notes	Acres	Market	Built	Ft.
IW333		0.489	209000		100
UW333		0.01	3465		5
H1			38241	61	
DK1			6321		

Property Picture



Improvements

Improvement Type:

DWELLING

Use Code:

11

Use Description:

Single family - Owner

Year Built:

1961

Stories:

2.0

Heat:

Electric baseboard

Foundation:

1/4 Bsmt, 3/4 Crawl

Construction Type:

Reinforced concrete

Attached Carport Sq. Ft.:

Deck Sq. Ft.:

976

Wall Covering:

Drywall

Tax Districts:

School District:

271

Hwy. District:

4

Fire District:

Worley

Square Foot By Floor:

Floor	Total Rooms	Bedrooms	Full Baths	1/2 Baths	Finished Area
1.0	3	0	0	1	672
2.0	3	3	1	0	672
B	2	2	0	0	224

Related Properties:

PIN #

Tax ID #

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MADDEN, WALLACH

HARR \$57.00

9025764

Page: 2 of 2

07/09/2007 03:45P

Spokane Co, WA



CERTIFICATE OF MARRIAGE

Please type or print clearly in permanent black ink.

State File Number

COUNTY OF LICENSE Spokane		DATE VALID 7 12 2007		NOT VALID AFTER 9 6 2007	
OFFICIANT - I certify the persons named below were married on					
1. DATE OF MARRIAGE(MO/DAY/YR) 07 22 07		2. COUNTY OF CEREMONY Spokane		3. TYPE OF CEREMONY ☒ Religious ☐ Civil	
4. DATE SIGNED(MO/DAY/YR) 07 22 07		6. OFFICIANT'S SIGNATURE <i>[Signature]</i>			
5. OFFICIANT'S NAME (PRINT) Virtus E. Young					
7. OFFICIANT'S ADDRESS (STREET, CITY, STATE & ZIP) 4015 S. REBECCA LANE, SPOKANE, WA 99223-6175					
GROOM					
8. GROOM'S NAME FIRST MIDDLE LAST JOHN PETER MADDEN					
9. USUAL RESIDENCE ADDRESS (NUMBER AND STREET) 1207 E CALKINS DR		10. DATE OF BIRTH(MO/DAY/YR) 6 27 1941		11. BIRTHSTATE(IF NOT USA GIVE COUNTRY) MT	
12. CITY/TOWN/LOCATION SPOKANE		13. INSIDE CITY LIMITS ☒ Yes ☐ No		14. COUNTY SPOKANE	
15. STATE WA		16. FATHER'S NAME (FIRST/LAST) JOHN MADDEN			
17. BIRTHSTATE(IF NOT USA GIVE COUNTRY) SD		18. MOTHER'S MAIDEN NAME (FIRST/LAST) SARA WALSH			
19. BIRTHSTATE(IF NOT USA GIVE COUNTRY) MT		20. GROOM'S SIGNATURE <i>[Signature]</i>			
21. DATE SIGNED (MO/DAY/YR) 7 22 07		22. BRIDE'S NAME FIRST MIDDLE LAST MICHAELE JOY WALLACH			
23. MAIDEN NAME KIEFER		24. USUAL RESIDENCE ADDRESS (NUMBER AND STREET) 19976 S CHAPMAN RD			
25. DATE OF BIRTH(MO/DAY/YR) 7 28 1948		26. BIRTHSTATE(IF NOT USA GIVE COUNTRY) IL		27. CITY/TOWN/LOCATION WORLEY	
28. INSIDE CITY LIMITS ☐ Yes ☒ No		29. COUNTY KOOTENAI		30. STATE ID	
31. FATHER'S NAME (FIRST/LAST) ALVIN KIEFER		32. BIRTHSTATE(IF NOT USA GIVE COUNTRY) IL			
33. MOTHER'S MAIDEN NAME (FIRST/LAST) JOAN SAMONSKI		34. BIRTHSTATE(IF NOT USA GIVE COUNTRY) IL			
35. BRIDE'S SIGNATURE <i>[Signature]</i>		36. DATE SIGNED (MO/DAY/YR) 7 22 07			
37. WITNESS SIGNATURE <i>[Signature]</i>		38. WITNESS SIGNATURE <i>[Signature]</i>			
39. COUNTY AUDITOR'S SIGNATURE <i>[Signature]</i>		40. DATE RECEIVED (MO/DAY/YR) 7-24-07			

DOH/CHS 005 FRONT (REV 6/2003)

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STATE OF WASHINGTON }
COUNTY OF SPOKANE } ss

I, Vicky M. Dalton, Spokane County Auditor, do hereby certify that the foregoing document is a true and correct copy of the document received and recorded in my office.

In witness whereof, I hereunto set my hand this
27 day of July, 2009
VICKY M. DALTON, Spokane County Auditor

R. Burge, Deputy

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Recording Requested By:
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 156 #:0700647027 "WALLACH" Lender ID:K93/005/601683778 Kootenai, Idaho PIF:
03/06/2007

WHEREAS R. DAVID BUTLER, II, whose address is 292 MAIN STREET SOUTH, , VALE, OR 97918, is the present
Trustee of record under the following described Deed of Trust:

Trustor: MICHAEL J WALLACH, AN UNMARRIED PERSON AS HER SOLE & SEPARATE PROPERTY
Beneficiary: WASHINGTON MUTUAL BANK

Dated: 06/08/2005 Recorded: 06/21/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 1958828 in
the county of Kootenai, State of Idaho

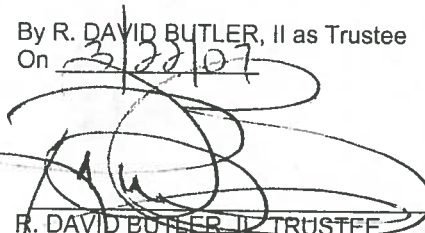
Property Address: 19976 S CHAPMAN RD, WORLEY, ID 83876

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest under
said Deed of Trust and the obligations secured thereby a written request to reconvey by reason of the obligations
secured by said Deed of Trust,

DOES HEREBY RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate, title and
interest now held by it under said Deed of Trust and the describing the land therein as more fully described in said
Deed of Trust.

By R. DAVID BUTLER, II as Trustee
On 3/22/07


R. DAVID BUTLER, II, TRUSTEE

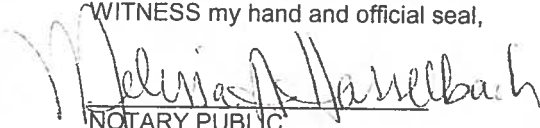
DANIEL J. ENGLISH 1P I 2090417000
KOOTENAI CO. RECORDER Page 1 of 1
DLS Date 03/27/2007 Time 11:55:31
REC-REQ OF MAIL
RECORDING FEE: 3.00

2090417000 RC

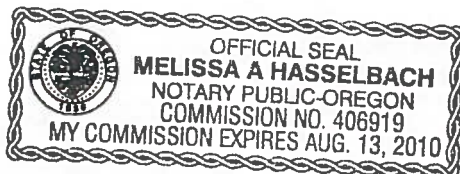
STATE OF Oregon
COUNTY OF Malheur

On 3/22/07, before me, Melissa A. Hasselbach, a Notary Public in and for Malheur County in the State
of Oregon, personally appeared R. DAVID BUTLER, II, TRUSTEE, personally known to me (or proved to me on the
basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by
his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted,
executed the instrument.

WITNESS my hand and official seal,


NOTARY PUBLIC

Notary Expires: 8/13/10



(This area for notarial seal)

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Recording Requested By:
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



2

SUBSTITUTION OF TRUSTEE

WASHINGTON MUTUAL - CLIENT 156 #:0700647027 "WALLACH" Lender ID:K93/005/601683778 Kootenai, Idaho PIF:
03/06/2007

WHEREAS, the undersigned is ~~the present~~ Beneficiary under the Deed of Trust described as follows:

Original Trustor: MICHAEL J WALLACH, AN UNMARRIED PERSON AS HER SOLE & SEPARATE PROPERTY
Original Beneficiary: WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION
Original Trustee: FIRST AMERICAN TITLE, A CALIFORNIA CORPORATION
Dated: 06/08/2005 Recorded: 06/21/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 1958828 in
the County of Kootenai, State of Idaho

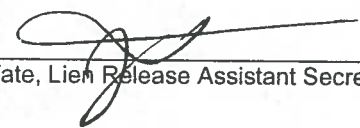
Property Address: 19976 S CHAPMAN RD, WORLEY, ID 83876

AND WHEREAS, the undersigned, who is the present Beneficiary under said Deed of Trust, desires to appoint a
successor Trustee under said Deed of Trust in the place and stead of present Trustee thereunder;

Now therefore, the undersigned hereby appoints R. DAVID BUTLER, II whose address is 292 MAIN STREET
SOUTH, VALE, OR 97918 as Successor Trustee under said Deed of Trust, to have all the powers of said original
Trustee, effective 3/22/07.

WASHINGTON MUTUAL BANK
On March 19th, 2007

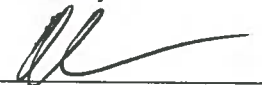
DANIEL J. ENGLISH 1P I 2090416000
KOOTENAI CO. RECORDER Page 1 of 1
DLS Date 03/27/2007 Time 11:55:31
REC-REQ OF MAIL
RECORDING FEE: 3.00
2090416000 MP

By: 
Jocelyn Tate, Lien Release Assistant Secretary

STATE OF Florida
COUNTY OF Duval

On March 19th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida,
personally appeared Jocelyn Tate, Lien Release Assistant Secretary, personally known to me to be the person
whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her
authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which
the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,


Notary Expires: / /



Miriam E. Hapner
Commission # DD365383
Expires October 24, 2008
Bonded Troy Fain - Insurance, Inc 800-385-7019

(This area for notarial seal)

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MAY 18 2010