

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

CIVIL CASE NUMBER: 49576

Ident. Number 95-15890

Date Received: 5-18-10

Receipt No: N024372B

Received By: cm

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

1. Name of Claimant(s) MICHAEL J MADDEN Phone (509) 999-7062

Mailing Address 5418 N NEW YORK LN SPOKANE WA Zip 999-7062
Street or Box City State

2. Date of Priority: (Only one per claim) 5/17/93
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) N/A

4. Location of Point of Diversion is: Township _____, Range _____, Section _____,
SW 1/4 of NE 1/4, or Govt. Lot 4 BM. County of KOOTENAI;
Parcel (PIN) no. 0-0600-000-011-0

Additional points of diversion if any: NO

If 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.

6. 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 ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) ONE HOME

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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. 0-0606-000-011-0
If different than shown in Item 4
for (Check One) **Domestic** ☒ **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 ☒ 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:

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: 34

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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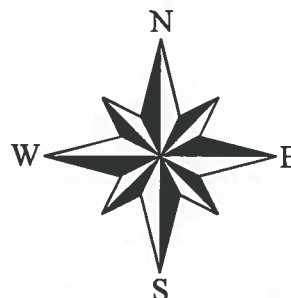
MADDEN PIN 0-0600-000-011-0



0 70 140 280 420 560 Feet

Legend

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



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MADDER WALLACH

HARR 457.00

9025764

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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					
5. OFFICIANT'S NAME (PRINT) Virtus E. Young		6. OFFICIANT'S SIGNATURE <i>Virtus E. Young</i>			
7. OFFICIANT'S ADDRESS (STREET, CITY, STATE & ZIP) 4015 S. REBECCA LANE, SPOKANE, WA 99223-6195					
GROOM					
8. GROOM'S NAME FIRST JOHN PETER MADDEN		MIDDLE		LAST	
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>John P. Madden</i>		21. DATE SIGNED (MO/DAY/YR) 7 22 07			
BRIDE					
22. BRIDE'S NAME FIRST MICHAELE JOY WALLACH		MIDDLE		LAST	
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>Michaela J. Wallach</i>		36. DATE SIGNED (MO/DAY/YR) 7 22 07			
37. WITNESS SIGNATURE <i>Dean J. Schierka</i>		38. WITNESS SIGNATURE <i>Vernell B. Higgins</i>			
39. COUNTY AUDITOR'S SIGNATURE <i>RBUND</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

RBump, 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:

Trutor: 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

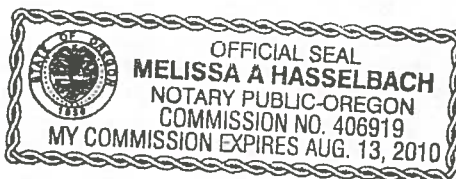
DANIEL J. ENGLISH 1P I 2090417000
KOOTENAI CO. RECORDER Page 1 of 1
DLS Date 03/27/2007 Time 11:55:31
REC-REQ OF MAIL
RECORDING FEE: 3.00
2090417000 RC

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

By: 
Jocelyn Tate, Lien Release Assistant Secretary

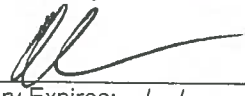
DANIEL J. ENGLISH 1P I 2090416000
KOOTENAI CO. RECORDER Page 1 of 1
DLS Date 03/27/2007 Time 11:55:31
REC-REQ OF MAIL
RECORDING FEE: 3.00

2090416000 MP

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