

CHANGE IN ADDRESS OF NOTICE OF CLAIM

RECEIVED
DEC 16 2017
IDWR/NORTHERN

Adjudication Claim Number(s): 95-15365, 95-15366, 95-15367, & 95-15387

Previous Mailing Address:

436 Ode Kirk Rd.

St. Inerics ID. 83861

New Mailing Address:

262 W. 700 N.

American Fork, UT. 84003

Telephone Number:

(801) 735-5729

Signature(s) of all Claimant(s):

Juli M. Ode Kirk
Juli M. Ode Kirk

Print your name below your signature.

Please mail or FAX this completed form to the office nearest you:

Adjudication Section
Idaho Department of Water Resources
7600 N. Mineral Dr., Ste. 100
Coeur d'Alene, ID 83815-7763
Phone 208-762-2800
FAX 208-762-2819

Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348

Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037

Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177

Adjudication Section
Idaho Department of Water Resources
322 E. Front St.
P.O. Box 83720
Boise, ID 83720-0098
Phone 208-287-4800
FAX 208-287-6700

SCANNED
DEC 18 2017

IDWR Use Only

Revised 02/14

Data Entry:

Date:

1-19-2018

THE NORMAN CAMPBELL ODEKIRK
REVOCABLE LIVING TRUST AGREEMENT
DECLARATION OF INTENT

RECEIVED
JAN 02 2018
IDWR/NORTHERN

The undersigned hereby declares that as Trustee of THE NORMAN CAMPBELL ODEKIRK REVOCABLE LIVING TRUST AGREEMENT, he is acquiring and will hold in the name of NORMAN CAMPBELL ODEKIRK, without further reference to his fiduciary capacity, any items listed on any attached incorporated schedule as amended from time to time, as well as household furnishings, automobiles, jewelry, bank account securities, bonds, clothing and other personal property of any kind in his name. Also, such assets shall and will belong to said Trust and not to her individually. The undersigned further declare that, except to the extent of interest provided to her under the terms and provisions of said Trust, he has no personal interest in any of the above itemized personal properties. It is intended that this declaration constitutes an affirmation of trust ownership and an assignment to this trust shall be binding on its heirs, administrators, executors and assigns.

IN WITNESS WHEREOF, the undersigned has executed this instrument this 24 day of March, 1995.

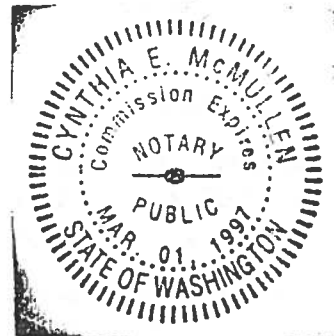
By: Norman C. Odekirk TRUSTEE/SETTLOR
NORMAN CAMPBELL ODEKIRK

STATE OF WASHINGTON)
) : ss.
COUNTY OF SPOKANE)

On this 24 day of March in the year of 1995, before me the undersigned, a Notary Public in and for said County and State, personally appeared NORMAN CAMPBELL ODEKIRK, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Cynthia E. McMullen
NOTARY PUBLIC in and for the State
of Washington, residing in Spokane
My commission expires: 03/01/95



1. Creation of Durable Power of Attorney for Health Care

By this document I intend to create a durable power of attorney by appointing the person designated below to make health care decisions for me. The power of attorney shall not be affected by my subsequent incapacity.

2. General Statement of Authority

In the event that I become incapable of giving an informed consent to any health care decision, I hereby grant to my agent full power and authority to consent, refuse consent, or withdraw consent to any type of health care procedure (including any procedure to maintain, diagnose, or treat any physical or mental condition), or to make any other health care decision, to the extent that I could if I were competent to do so, subject to the terms of this instrument. My agent shall exercise this power and authority in accordance with my expressed desires, known to my agent, whether contained in this document or not. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agent should decide for me, having my best interests in mind.

3. Designation of Health Care Agent

I, NORMAN CAMPBELL ODEKIRK, do hereby designate and appoint JULIE MARIE BACA, as my Attorney in Fact (agent) to make health care decisions for me as authorized in this document.

4. Designation of Alternate Agent

Upon the death, resignation, legal disability or unavailability of the person named above as my Attorney in Fact, the following persons shall replace her as Successor Attorney In Fact in the order in which their names appear.

NAME: JERILYN GAYLE ODEKIRK

5. Nomination of Guardian of Person

If it be necessary to appoint a guardian of my person, I nominate my daughter JULIE MARIE BACA to serve as the guardian of my person.

6. Authority Concerning Medical Information and Records

(a) Request, review, and receive any information, verbal or written, regarding my physical or mental health, including but not limited to, medical and hospital records;

(b) Execute on my behalf any releases or other documents that may be required in order to obtain information;

(c) Consent to the disclosure of medical information;

(d) Execute documents such as "refusal to Permit Treatment",