



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

April 4, 2018

REBECCA R HAUENSTEIN
4528 S PITTSBURG
SPOKANE WA 99223

RE: Change of Ownership for Water Right 95-11513 & 95-11514

Dear Ms. Hauenstein:

I received your fax regarding the change of ownership of the above water rights. I cannot accept the documentation you provided for the following reasons...

There is no case number provided showing it was filed with the courts on your paperwork. There is no legal description of the property.

The paperwork does not specify these parcels go into the Estate of David H Rodgers. If it did go into the Estate, there should be either a Quit Claim Deed, or Warranty Deed that I would need a copy of.

I am enclosing a Notice of Change in Water Right Ownership for your convenience for you to include with the corrected documents.

As soon as I receive the correct conveyance documents, I will be more than happy to make the changes.

If you have any questions, please feel free to call.

Sincerely,

Dawn R. Lenon
Technical Records Specialist I

Enclosure(s): Notice of Change in Water Right Ownership 95-11513 & 95-11514

Rebecca R. Hauenstein
4528 S Pittsburg
Spokane, WA 99223

3/29/18

Application Section
Idaho Dept. of Water Resources
7600 Mineral Dr., Ste 100
Coeur d'Alene, ID 83815 - 7763

Attn: Carter Fritschle, Adjudication Section Manager

RE: Water Rights Claims # 95-11513
95-11514

Dear Mr. Fritschle:

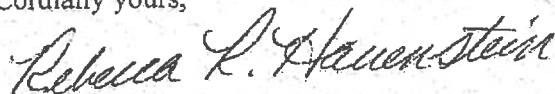
I am writing to notify your office of a change in the ownership of water rights claims for two pieces of property on Spirit Lake due to the death of David H. Rodgers & his wife, Naomi F. Rodgers. Naomi passed away June 2, 2016 and David passed away April 18, 2017. We would like to change the owners name on the above water rights claims to, The Estate of David H. Rodgers effective immediately.

My sister, Nancy E. Fowle, who lives in California, and I are co-personal representatives for the estate. I have included the following forms for your records:

1. The Notice of Error/Reply for each claim
2. A completed Change in Address of Notice of Claim for both claims
3. A copy of the Proof of Authority of Domiciliary Foreign Co-Personal Representatives
4. Death Certificates for David and Naomi

Thank you very much for you time and help in this matter. If you have any questions, please don't hesitate to call me at 509-981-9356.

Cordially yours,



Rebecca R. Hauenstein
Co-Personal Representative for the Estate of David H. Rodgers

enc

02/09/2018

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-11514

DAVID H RODGERS
2903 E 25TH APT 221
SPOKANE WA 99223
Telephone Number: 5095396727

NAOMI F RODGERS
2903 E 25TH APT 221
SPOKANE WA 99223
Telephone Number: 5095366727

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation; no changes need to be made.

DATE: 3/23/18

SIGNATURE:

Rebecca R. Hauenstein PR Estate of David H. Rodgers

Please print your name:

Rebecca R. Hauenstein

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D'ALENE, ID 83815-7763, (208) 762-2800

02/09/2018

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-11513

NAOMI F RODGERS
2903 E 25TH APT 221
SPOKANE WA 99223
Telephone Number: 5095366727

DAVID H RODGERS
2903 E 25TH APT 221
SPOKANE WA 99223
Telephone Number: 5095396727

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 3/23/18

SIGNATURE:

Rebecca R. Hauenstein Pers. Rep

Please print your name:

Rebecca R. Hauenstein PR EST. of David H. Rodgers

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D'ALENE, ID 83815-7763, (208) 762-2800

CHANGE IN ADDRESS OF NOTICE OF CLAIMAdjudication Claim Number(s): 95-11513; 95-11514Previous Mailing Address: David & Naomi Rodgers
2903 E 25th, Apt 221
Spokane, WA 99223New Mailing Address: The Estate of David H Rodgers
4528 S Pittsburgh
Spokane WA 99223Telephone Number: (509) 481-4356Signature(s) of all Claimant(s): Rebecca R. Hauenstein PR Estate of David H Rodgers
Rebecca R. Hauenstein
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 208-762-2819Adjudication Section
Idaho Department of Water Resources
2735 Airport Way
Boise, ID 83705-5082
Phone 208-334-2190
FAX 208-334-2348Adjudication Section
Idaho Department of Water Resources
650 Addison Ave. W, Ste. 500
Twin Falls, ID 83301-5858
Phone 208-736-3033
FAX 208-736-3037Adjudication Section
Idaho Department of Water Resources
900 N. Skyline Dr., Ste. A
Idaho Falls, ID 83402-3653
Phone 208-525-7161
FAX 208-525-7177Adjudication 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

IDWR Use Only

Revised 02/14

Data Entry: _____

Date: _____

IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT COURT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF KOOTENAI

IN THE MATTER OF THE ESTATE OF

David H. Rodgers,

Deceased.

CASE NO.

**PROOF OF AUTHORITY OF
DOMICILIARY FOREIGN CO-
PERSONAL
REPRESENTATIVES
(I.C. 15-4-204)**

The undersigned, as domiciliary foreign co-personal representatives of the estate of the above-named decedent, state and represent that:

1. The decedent, DAVID H. RODGERS, died on April 18, 2017, a resident of Spokane County, State of Washington.
2. Decedent owned property in Kootenai County, Idaho.
3. On June 7, 2017, Rebecca Hauenstein and Nancy Fowle, were appointed Co-Personal Representatives of the estate of the decedent in Spokane County, State of Washington, to act:
 - (a) _____ with bond in the amount of \$ _____. Authenticated copies of the appointment and bond are attached hereto.
 - (b) X without bond. An authenticated copy of the appointment is attached hereto.
4. There is no administration of the decedent's estate, or application or petition for such administration, pending in the State of Idaho.
5. This Proof of Authority is filed pursuant to the Idaho Uniform Probate Code to enable the undersigned to exercise the power of local personal representatives in the State of Idaho and to maintain action and proceedings in the State of Idaho, subject to any conditions imposed upon nonresident parties generally.

DATED: July, 2017

FOSTER PEPPER PLLC

By: _____
Paul D. Fitzpatrick, ISB # 6489
Attorney for Co-Personal Representatives
Rebecca Hauenstein and Nancy Fowle

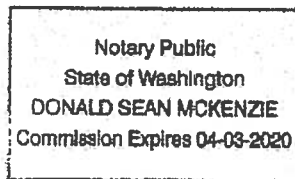
VERIFICATION

STATE OF WASHINGTON)
) : ss
COUNTY OF SPOKANE)

The undersigned, being sworn, says that the facts set forth in the foregoing Proof of Authority of Domiciliary Foreign Co-Personal Representatives are true, accurate, and complete to the best of applicant's knowledge and belief.

Rebecca R. Hauenstein
Rebecca Hauenstein, Domiciliary Foreign
Co-Personal Representative

SUBSCRIBED AND SWORN to before me this 1st day of August 2017,
2017.



Donald Sean McKenzie
NOTARY PUBLIC
Residing at: Spokane
My Commission Expires: 4/3/2020

CALIFORNIA JURAT WITH AFFIANT STATEMENT**GOVERNMENT CODE § 8202**

- ☐ See Attached Document (Notary to cross out lines 1-6 below)
- ☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

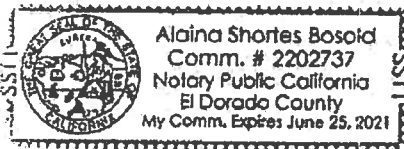
State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me
on this 9 day of August, 2017
Date Month Year

(1)

Nancy Fowle

Nancy Fowle, Domiciliary Foreign Co-Personal Representative, proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Signature

Dee Shrubshell

Signature of Notary Public

Seal

Place Notary Seal Above

Optional

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Proof of Authority Document Date: July 26, 2017

Number of Pages: 4 Signer(s) Other Than Named Above: _____

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-018010

LOCAL FILE NUMBER: 1531

DATE ISSUED: 04/24/2017

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DAVID HEDDEN
LAST NAME(S): RODGERS

COUNTY OF DEATH: SPOKANE

DATE OF DEATH: APRIL 18, 2017

HOUR OF DEATH: 03:25 PM

SEX: MALE

AGE: 93 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: AUGUST 10, 1923

BIRTH PLACE: NEW ALBANY, INDIANA

MARITAL STATUS: WIDOWED

SPOUSE: NOT APPLICABLE

OCCUPATION: CHIEF INSURANCE COMMISSIONER

INDUSTRY: STATE GOVERNMENT

EDUCATION: BACHELOR'S DEGREE

US ARMED FORCES: YES

INFORMANT: REBECCA HAUSTEIN

RELATIONSHIP: DAUGHTER

ADDRESS: 4528 S. PITTSBURG ST., SPOKANE, WA 99223

CAUSE OF DEATH:

A: COMPLICATIONS OF HIP FRACTURE

INTERVAL: WEEKS

B:

INTERVAL:

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: ATRIAL FIBRILLATION AND
ALZHEIMER'S DEMENTIA

DATE OF INJURY: MARCH 29, 2017

HOUR OF INJURY: UNKNOWN UNKNOWN

INJURY AT WORK: NO

PLACE OF INJURY: NURSING HOME

LOCATION OF INJURY: 2903 E 25TH AVE

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99223

COUNTY: SPOKANE

DESCRIBE HOW INJURY OCCURRED:

SLID OUT OF CHAIR, LANDED ON FLOOR.

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE

FACILITY OR ADDRESS: ROCKWOOD SOUTHHILL RETIREMENT

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99223

RESIDENCE STREET: 2903 E. 25TH AVE.

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99223

INSIDE CITY LIMITS: YES COUNTY: SPOKANE

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 24 YEARS

FATHER/PARENT: CLARENCE EARL RODGERS

MOTHER/PARENT: GLADYS HARDY

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BALL & DODD FUNERAL HOME & CREMATORY

CITY, STATE: SPOKANE, WASHINGTON

DISPOSITION DATE: APRIL 21, 2017

FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE

ADDRESS: 222 EAST FRANCIS AVENUE

CITY, STATE, ZIP: SPOKANE, WASHINGTON 99208

FUNERAL DIRECTOR: SHANNON SMITH

MANNER OF DEATH: ACCIDENT

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JOHN D. HOWARD, MD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 5901 N LIDGERWOOD ST STE 246

CITY, STATE, ZIP: SPOKANE, WA 99208

DATE SIGNED: APRIL 19, 2017

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 17-1361

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: JULIBETH HERNANDEZ

DATE RECEIVED: APRIL 19, 2017

DOH 422-132 (4/16)

NOT VALID IF PHOTOCOPIED OR ALTERED

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-022634

LOCAL FILE NUMBER: 2098

DATE ISSUED: 06/14/2016

FEE NUMBER: 0005205065

GIVEN NAMES: NAOMI FOWLE
LAST NAME: RODGERSCOUNTY OF DEATH: SPOKANE
DATE OF DEATH: JUNE 02, 2016
HOUR OF DEATH: 06:00 A.M.
SEX: FEMALE
AGE: 99 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITEBIRTHDATE: SEPTEMBER 25, 1916
BIRTHPLACE: PORTLAND, OREGONMARITAL STATUS: MARRIED
SPOUSE: DAVID HEDDON RODGERSOCCUPATION: SECRETARY
INDUSTRY: HOTEL
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NOINFORMANT: MAUREEN GREEN
RELATIONSHIP: DAUGHTER
ADDRESS: 415 W. CLIFF DR., SPOKANE, WA 99204CAUSE OF DEATH:
A. ALZHEIMER'S DISEASE
INTERVAL: 10+ YRS
B. INTERVAL:
C. INTERVAL:
D. INTERVAL:OTHER CONDITIONS CONTRIBUTING TO DEATH:
HYPERTENSIONDATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONEPLACE OF DEATH: HOME
FACILITY OR ADDRESS: 2903 E 25TH AVE
CITY, STATE, ZIP: SPOKANE, WASHINGTON 99223RESIDENCE STREET: 2903 E 25TH AVE
CITY, STATE, ZIP: SPOKANE, WASHINGTON 992234992
INSIDE CITY LIMITS? YES
COUNTY: SPOKANE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 5 YEARSFATHER/PARENT: JOHN SIMON ROHRER
MOTHER/PARENT: LOLA LOCKWOODMETHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BALL & DODD CREMATORY
CITY, STATE: SPOKANE, WA
DISPOSITION DATE: JUNE 03, 2016FUNERAL FACILITY: NEPTUNE SOCIETY - SPOKANE
ADDRESS: 222 EAST FRANCIS AVENUE
CITY, STATE, ZIP: SPOKANE WA 99208
FUNERAL DIRECTOR: FELICIA A. GATNEYMANNER 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 APPLICABLECERTIFIER NAME: SEAN D. HURLEY, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: 9631 N NEVADA ST STE 300
CITY, STATE, ZIP: SPOKANE WA 99218
DATE SIGNED: JUNE 02, 2016CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN:
NOT APPLICABLELOCAL DEPUTY REGISTRAR:
REBECCA MESSICK
DATE RECEIVED: JUNE 02, 2016