

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Notice of Change in Water Right Ownership

RECEIVED DE
MAR 09 2018
DEPARTMENT OF
WATER RESOURCES

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?
95-13959	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Leon A. Guyer and Gail E. Guyer
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Marcia Guyer Gomez and Mark Leon Guyer
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☒ and/or
- 5005 W. Cougar Estates Road Coeur d'Alene ID 83814
Mailing address City State ZIP
- 208-771-7104 guygom@comcast.net
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: 12-24-17
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.

8. Signature: Marcia Guyer Gomez 3-5-18
Signature of new owner/claimant Title, if applicable Date
- Signature: _____
Signature of new owner/claimant Title, if applicable Date

For IDWR Office Use Only:

Received by N/A Date N/A Receipt No. N/A Receipt Amt. N/A
 Approved by JK Processed by JK Date 4-24-2018

RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:

RECORDING FEE \$15.00

DD



Witherspoon Kelley
608 Northwest Boulevard, Suite 300
Coeur d'Alene, ID 83814
Attn: Dennis M. Davis

(Space Above For Recorder's Use)

QUITCLAIM DEED

For value received Gail E. Guyer, a widow ("Grantor"), does hereby release and forever quitclaim unto Marcia Guyer Gomez, a married woman as her sole and separate property, as to an undivided one-half interest, and to Mark Leon Guyer, a single man, as his sole and separate property, as to an undivided one-half interest (collectively, "Grantees"), RESERVING UNTO THE GRANTOR A LIFE ESTATE, Grantees' address is 5005 W. Cougar Estates Road, Coeur d'Alene, Idaho 83814, and their heirs and assigns forever, all right, title and interest which Grantor now has or may hereafter acquire in the following described real property situated in Kootenai County, State of Idaho:

All that portion of Section 29, Township 50 North, Range 4 West, Boise Meridian, Kootenai County, Idaho, described as follows:

BEGINNING at a point which bears South 40°48'30" East, 3082.72 feet, from the North quarter corner of said Section 29; thence,

North 44°24'37" West, 245.00 feet; thence, ✓

North 45°35'23" East, 93.46 feet; thence, ✓

Northeasterly, along a 60-foot radius culdesac 125.66 feet, the chord of which bears North 45°35'23" East, 103.92 feet; thence, ✓

North 45°35'23" East, 7.66 feet; thence, ✓

South 89°39'17" East, 652.90 feet; thence, ✓

South 00°20'42" West, 620 feet, more or less, to the county road right-of-way; thence, ✓

Southwesterly along the county road right-of-way 490 feet, more or less, to the intersection with a line that bears South 22°47'54" East from the point of beginning; thence,

North 22°47'54" West, 535.50 feet, more or less, to the POINT OF BEGINNING. ✓

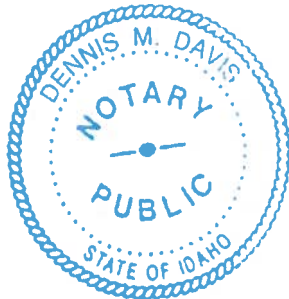
IN WITNESS WHEREOF, the Grantor has executed this instrument on this 4th day of December, 2017.

Gail E. Guyer
Gail E. Guyer

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 4th day of December, 2017, before me, personally appeared Gail E. Guyer, known or identified to me, to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



 NOTARY PUBLIC FOR IDAHO
 Residing at _____
 My Commission Expires _____

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CONTAINED BY THE STATE REGISTER WITH THE DEPARTMENT OF HEALTH AND WELFARE
SHOULD BE KEPT, UNTIL 60 YEARS AFTER DATE OF DEATH, IN ORDER TO PREVENT LOSS OF THIS DATA UNDER EXISTING AND PENDING LEGISLATION

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX	3. SOCIAL SECURITY NUMBER
	GAIL EVANS GUYER		FEMALE	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo/Day/Yr)
	78 (Years)			08/10/1941
PARENTS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY	7c. CITY OR TOWN
	IDAHO		KOOTENAI	COEUR D'ALENE
INFORMANT	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE
	5005 W COUGAR ESTATES RD			83814
DISPOSITION	8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	☐ Married ☐ Married, but separated ☒ Widowed ☐ Divorced ☐ Never married ☐ Unknown			
PLACE OF DEATH	10. EVER IN U.S. ARMED FORCES?	11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)
	☐ Yes ☒ No	BILL T. THOMAS		CALIFORNIA
DATE OF DEATH	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)	
	ALYCE L. MCALPIN		CALIFORNIA	
CAUSE OF DEATH	13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
	LEON ARTHUR GUYER		SPOUSE	5005 W. COUGAR ESTATES ROAD COEUR D'ALENE, ID 83814
ITEMS TO BE USED FOR EXTERNAL CAUSES ONLY (Underlines)	14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	
	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	
CERTIFIER	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?
	ELECTRONICALLY FILED: DOUGLAS C. DARLING		M0849	☐ Yes ☒ No
REGISTERAR	19a. IF DEATH OCCURRED IN A HOSPITAL:		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	
	☒ Inpatient ☐ Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number)		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	
	5005 W. COUGAR ESTATES ROAD		COEUR D'ALENE, ID 83814	
CAUSE OF DEATH	22. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)
	December 24, 2017		07:10	December 24, 2017
DATE OF DEATH	26. TIME PRONOUNCED DEAD (24hr)		27. CAUSE OF DEATH	
	07:10		PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC DISEASE DUE TO (or as a consequence of): b. COLON CANCER DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____	
DATE OF DEATH	28. IF FEMALE (Aged 15-54):		29a. WAS AN AUTOPSY PERFORMED?	
	28a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown 28b. Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		☐ Yes ☒ No	
DATE OF DEATH	30. DATE OF INJURY (Mo/Day/Yr) (Spell month)		31. MANNER OF DEATH	
			☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined	
DATE OF DEATH	32. TIME OF INJURY (24hr)		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)	
DATE OF DEATH	34. LOCATION OF INJURY:		35. INJURY AT WORK?	
	State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		☐ Yes ☒ No	
DATE OF DEATH	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable		38a. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?	
			☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
DATE OF DEATH	38a. CERTIFIER (Check only one, based on official capacity for this certificate)		39a. LICENSE NUMBER	
	☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.		M-05371	
DATE OF DEATH	39b. CORONER		39c. DATE SIGNED	
	On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: ROBERT A. ANCKER, M.D.		12 / 28 / 2017 MM DO YYYY	
DATE OF DEATH	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		40a. REGISTRAR'S SIGNATURE	
	ROBERT A. ANCKER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83835		James B. Aydelotte	
DATE OF DEATH	40b. DATE SIGNED		40c. DATE SIGNED	
	12 / 28 / 2017 MM DO YYYY		12 / 28 / 2017 MM DO YYYY	

JIM BRANNON
KOOTENAI COUNTY RECORDER
CMK
REC'D OF WITHERSPOON KELLEY
RECORDING FEE \$13.00
Date 01/09/2018 9:29 AM
2627383000
X1

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: DEC 28 2017

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

PRNCO (REV) 11-15

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR





* 0 0 0 9 4 0 1 6 3 *

STATE OF IDAHO County of Kootenai

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.

Samuel Hibben

Local Vital Statistics Registration Official

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

RECEIVED
APR 23 2018
IDW-NORTHERN

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RANGES SEAL, SHALL BE USED AS PROOF OF THE DEATH UNDER §30-3404 AND §30-3404.01, ICAD CODE

Local Reg. No. _____

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LEON ARTHUR GUYER		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	4a. AGE-Last Birthday 74 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 04/02/1938	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) FULT, MICHIGAN			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	
	7c. CITY OR TOWN COEUR D'ALENE		7d. APT. NO. 7e. ZIP CODE 83814	
8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown 9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) GAIL E. THOMAS	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) LEON H. GUYER	
	11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) HELEN L. MCCLURE		12b. BIRTHPLACE (State, Territory, or Foreign Country) MICHIGAN	
	13a. INFORMANT'S NAME (Type or print) GAIL E. GUYER		13b. RELATIONSHIP TO DECEDENT WIFE	
14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____ 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DOUGLAS C. DARLING		17b. LICENSE NUMBER (If licensee) M0849	
	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____ 20. FACILITY NAME (If not facility, give street and number) HOSPICE HOUSE - HOSPICE OF NORTH IDAHO		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83815	
	22. COUNTY OF DEATH KOOTENAI			
DATE OF DEATH CAUSE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 5, 2012		24. TIME OF DEATH (24hr) 17:25	
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 5, 2012		26. TIME PRONOUNCED DEAD (24hr) 17:25	
	PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. BLADDER CANCER DUE TO (or as a consequence of) _____ b. DUE TO (or as a consequence of) _____ c. DUE TO (or as a consequence of) _____ d. _____			
	PART II. Enter other nonfatal conditions contributing to death, but not resulting in the underlying cause given in Part I. GENERAL DEBILITY AND DYSPHAGIA			
ITEMS 32-34 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☐ Unknown		30. IF FEMALE (Aged 15-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? ☐ Yes ☐ No	
	36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY ☐ Pedestrian ☐ Other (Specify) _____ 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety device(s) did decedent use/employ? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. Signature and Title of Certifier → ELECTRONICALLY SIGNED: SHANA D. FOGARTY, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SHANA D. FOGARTY, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83835		39b. LICENSE NUMBER M-08664	
	39c. DATE SIGNED 11 / 6 / 2012 MM DD YYYY			
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 11 / 8 / 2012 MM DD YYYY	

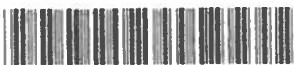
This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **NOV 08 2012**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



* 0 0 0 2 3 8 4 1 1 *

STATE OF IDAHO County of Kootenai

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.

Travis Davis

Local Vital Statistics Registration Official



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 24, 2018

MARCIA GUYER GOMEZ
MARK LEON GUYER
5005 W COUGAR ESTATES RD
COEUR D ALENE ID 83814

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-13959

Dear Claimants:

We have processed your change of ownership request on Notice of Claim to a Water Right Number(s) 95-13959. Enclosed is a copy of the claim showing such change; for your records. Also, this information can be accessed on our website at www.idwr.idaho.gov.

Sincerely,

A handwritten signature in black ink, reading "Dawn R. Lenon". The signature is written in a cursive, flowing style.

Dawn R. Lenon
Technical Records Specialist 1

Enclosure(s) Notice of Claim 95-13959