

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAR 16 2018

DEPARTMENT OF
WATER RESOURCES

Notice of Change in Water Right Ownership

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?
95-14428	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: GEORGE R ZUBER
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): TRUSTEE OF THE GEORGE AND CHARLOTTE REVOCABLE INTER VIVOS TRUST
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and/or
- 19950 W. RIVERVIEW DR. POST FALLS ID 83854
Mailing address City State ZIP
- 208-755-0765 _____
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: _____
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: Charlotte Zuber Trustee of the George and Charlotte 3/12/2018
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 JD Processed by JD Date 4-25-2018

1559549

W-2554

STATE OF IDAHO
COUNTY OF KOOTENAI } ss
AT THE REQUEST OF
FIRST AMERICAN TITLE COMPANY

Oct 22 1 30 PM '98

DANIEL J. ENGLISH
DEPUTY 90
FEES

QUITCLAIM DEED

For Value Received GEORGE R. ZUBER AND CHARLOTTE M. ZUBER, HUSBAND AND WIFE do hereby convey, release, remise and forever quit claim unto GEORGE ZUBER AND CHARLOTTE ZUBER, TRUSTEES OF THE GEORGE AND CHARLOTTE ZUBER REVOCABLE INTER VIVOS TRUST, whose address is 17090 W. RIVERVIEW DR., POST FALLS, IDAHO 83854, the following described premises, to-wit:

SEE ATTACHED, MARKED "EXHIBIT A" AND MADE A PART HEREOF

together with his/her/their appurtenances and any hereafter acquired title.

Dated: OCTOBER 8, 1998 .

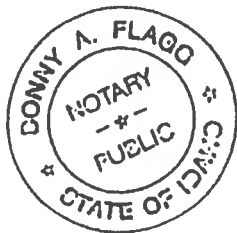
George R. Zuber
GEORGE R. ZUBER
Charlotte M. Zuber
CHARLOTTE M. ZUBER

THIS INSTRUMENT FILED FOR RECORD BY FIRST
AMERICAN TITLE COMPANY AS AN ACCOMODATION.
IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION
OR AS TO ITS EFFECT UPON THE TITLE.

STATE OF IDAHO)
COUNTY OF KOOTENAI) ss

On This day of OCTOBER in the year 1998 before me, a Notary Public in and for said State, personally appeared GEORGE R. ZUBER AND CHARLOTTE M. ZUBER, known or identified to me to be the persons whose names are subscribed to the within Instrument, and acknowledged to me that they executed the same.

Bonny A. Flagg
Notary Public of Idaho
Residing at Hayden Lake
Commission Expires 11-27-2003



1559549

PARCEL I

The Northeast quarter of the Northeast quarter of the Northwest quarter of Section 18, Township 50 North, Range 5 W.B.M., Kootenai County, State of Idaho, lying South of the County Road. EXCEPTING THEREFROM the South 90 feet.

AND that portion of the West half of the Northeast quarter of the Northwest quarter, lying East of the East line of the following described property:

A portion of the Southwest quarter of Section 17 lying South of the County Road, and a portion of the North half of the Northwest quarter of Section 18, Township 50 North, Range 5 West, Boise Meridian, Kootenai County, Idaho, described as follow:

BEGINNING at the Northwest corner of said Section 18; thence

South $89^{\circ}47'00''$ East, 1006.01 feet along the North line of said Section 18 to the TRUE POINT OF BEGINNING; thence

North $00^{\circ}01'53''$ West, 77.43 feet to the Southerly right of way line of the County Road; thence

Along said right of way line the following courses:

North $79^{\circ}25'48''$ East, 153.06 feet; thence

North $89^{\circ}34'23''$ East, 148.56 feet; thence

South $89^{\circ}50'52''$ East, 169.44 feet; thence

Leaving said right of way South $38^{\circ}35'07''$ East, 243.00 feet; thence

South $00^{\circ}01'53''$ East, 1242.69 feet to the South line of the Northeast quarter of the Northwest quarter of Section 18; thence

North $89^{\circ}54'16''$ West, 309.39 feet along said line to the Southwest corner of the Northeast quarter of the Northwest quarter of Section 18; thence

Continuing along said line, North $89^{\circ}54'16''$ West, 310.53 feet; thence

North $00^{\circ}01'53''$ West, 1325.45 feet to the TRUE POINT OF BEGINNING.

EXCEPTING THEREFROM the South 661.70 feet of the East half of the West half of the Northeast quarter of the Northwest quarter, Section 18, Township 50 North, Range 5 West, B.M., Kootenai County, State of Idaho.

ALSO EXCEPTING THEREFROM the South 90 feet of the East 30 feet.

EXHIBIT "A" - CONTINUEDPARCEL II

A parcel of land in the Southwest quarter of Section 7, Township 50 North, Range 5 West, Boise Meridian, Kootenai County, Idaho, described as the Southwest quarter of the Southwest quarter, less the West 1006 feet and the Southeast quarter of the Southwest quarter all South of the existing County Road.

EXCEPT a portion of the Southwest quarter of Section 7, lying South of the County Road, and a portion of the North half of the Northwest quarter of Section 18, Township 50 North, Range 5 West, Boise Meridian, Kootenai County, Idaho, described as follows:

BEGINNING at the Northwest corner of said Section 18; thence

South 89°47'00" East, 1006.01 feet along the North line of said Section 18 to the TRUE POINT OF BEGINNING; thence

North 00°01'53" West, 77.43 feet to the Southerly right of way line of the County Road; thence

Along said right of way line the following courses:

North 79°25'48" East, 153.06 feet; thence

North 89°34'23" East, 148.56 feet; thence

South 89°50'52" East, 169.44 feet; thence

Leaving said right of way South 38°35'07" East, 243.00 feet; thence

South 00°01'53" East, 1242.69 feet to the South line of the Northeast quarter of the Northwest quarter of Section 18; thence

North 89°54'16" West, 309.39 feet along said line to the Southwest corner of the Northeast quarter of the Northwest quarter of Section 18; thence

Continuing along said line North 89°54'16" West, 310.53 feet; thence

North 00°01'53" West, 1325.45 feet to the TRUE POINT OF BEGINNING.

ORIGINAL

NOTICE OF AMENDMENT AND RESTATEMENT OF TRUST AGREEMENT

GEORGE R. ZUBER and CHARLOTTE M. ZUBER, husband and wife, acting as Settlers and Trustees of the GEORGE AND CHARLOTTE ZUBER TRUST under agreement dated March 29, 1994, as amended, hereby amend and restate the aforementioned trust in its entirety effective immediately by execution of the GEORGE AND CHARLOTTE ZUBER TRUST under agreement dated July 23, 2012.

Dated this 23 day of July, in the year 2012.



GEORGE R. ZUBER, Trustee



CHARLOTTE M. ZUBER, Trustee

STATE OF IDAHO

COUNTY OF KOOTENAI

On this 23 day of July, in the year 2012,
before me, a Notary Public in and for the State of Idaho, personally appeared GEORGE R. ZUBER and CHARLOTTE M. ZUBER, husband and wife, known to me to be the persons whose names are subscribed to the within instrument, and acknowledged to me that they 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 the State of Idaho
Comm. Exp.: 11/01/15



* 000400318 *

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.

Jemine Hobbs
Local Vital Statistics Registration Official

1368538

ACKNOWLEDGEMENT OF TRUSTEE

The TRUSTEE, GEORGE RICHARD ZUBER and CHARLOTTE MARIE ZUBER, hereby acknowledge that they are acting in the office of TRUSTEE of the GEORGE AND CHARLOTTE ZUBER REVOCABLE INTER VIVOS TRUST.

Dated this 29 day of MARCH, in the year 1994.

George R. Zuber
GEORGE R. ZUBER, TRUSTEE

Charlotte M. Zuber
CHARLOTTE M. ZUBER, TRUSTEE

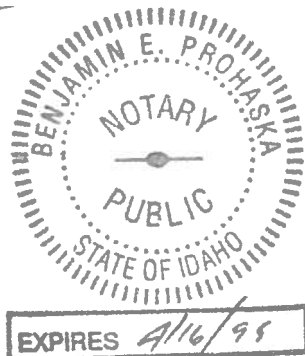
STATE OF IDAHO

COUNTY OF KOOTENAI

On this 29 day of March, in the year 1994, before me, a Notary Public in and for the State of Idaho, personally appeared GEORGE RICHARD ZUBER and CHARLOTTE MARIE ZUBER, husband and wife, known to me to be the persons who subscribed their names to the within instrument, and acknowledged to me that they executed the same acting individually and as Trustee.

WITNESS my hand and official seal.

[Signature]
Notary Public for Idaho



STATE OF IDAHO }
COUNTY OF KOOTENAI } SS
AT THE REQUEST OF
The Prohaska Law Firm, P.A.

AUG 31 4 06 PM '94

TOM TACKETT
[Signature]
FEE\$ 6.00 DEPUTY

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, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF FACTS OF THE DEATH UNDER 26-2414 AND 26-211, IDAHO CODE

Local Reg. No.

DECEDENT	* 1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) GEORGE RICHARD ZUBER		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE: Last Birthday 75 (Years)		4b. UNDER 1 YEAR Months Days Hours Minutes		4c. UNDER 1 DAY Hours Minutes	
	5. DATE OF BIRTH (Mo/Day/Yr) 05/29/1938		6. BIRTHPLACE (City and State, Territory, or Foreign Country) DENVER, COLORADO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN POST FALLS	
MORTICIAN	7d. STREET AND NUMBER 19950 W RIVERVIEW DR		7e. APT. NO. 83854		7f. ZIP CODE 83854	
	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) CHARLOTTE MARIE VARNEY			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) GEORGE W ZUBER			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) PAULINE K CRENNEN		12b. BIRTHPLACE (State, Territory, or Foreign Country) NEBRASKA			
INFORMANT	13a. INFORMANT'S NAME (Type or print) CHARLOTTE MARIE ZUBER		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 19950 W RIVERVIEW DR POST FALLS, ID 83854	
	* 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) BELL TOWER FUNERAL HOME & CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BELL TOWER FUNERAL HOME AND CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854	
	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: EVAN F. BIRDELL		* 17b. LICENSE NUMBER (Of licensee) M1120		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify)			
PLACE OF DEATH	* 20. FACILITY NAME (If not facility, give street and number) 19950 W RIVERVIEW DR		* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE POST FALLS, ID 83854		* 22. COUNTY OF DEATH KOOTENAI	
	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) February 8, 2014		24. TIME OF DEATH (24hr) 22:25		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) February 8, 2014	
	26. TIME PRONOUNCED DEAD (24hr) 22:25		27. CAUSE OF DEATH			
	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. ACUTE ISCHEMIC BOWEL DUE TO (or as a consequence of): b. ATHEROSCLEROSIS DUE TO (or as a consequence of): c. PULMONARY FIBROSIS CORONARY ARTERY DISEASE DUE TO (or as a consequence of): d.					
DATE OF DEATH	28a. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☐ Unknown		28b. IF FEMALE (Aged 10-44): ☐ 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		28c. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	29a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☐ CORONER - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. 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.		30b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		30c. DATE SIGNED 2 / 11 / 2014 MM DD YYYY	
	31. MANNER OF DEATH ☒ Natural ☐ Accidental ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) February 8, 2014			
	33. TIME OF INJURY (24hr) 22:25		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) POST FALLS, ID 83854			
CERTIFIER	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 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown					
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE ☐ CORONER - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. 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.		39b. LICENSE NUMBER M-09371			
	39c. DATE SIGNED 2 / 11 / 2014 MM DD YYYY		39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT A. ANCKER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83835			
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 2 / 11 / 2014 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.

FEB 11 2014

DATE ISSUED: _____

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

JAMES B. AYDELOTTE
STATE REGISTRAR



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 25, 2018

GEORGE & CHARLOTTE ZUBER
REVOCABLE INTER VIVOS TRUST
19950 W RIVERVIEW DR
POST FALLS ID 83854

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-14428

Dear Claimant:

We have processed your change of ownership request on the Notice of Claim to a Water Right Number(s) listed above. 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,

Dawn R. Lenon
Technical Records Specialist 1

Enclosure(s) Notice of Claim 95-14428