

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APR 10 2018

Notice of Change in Water Right Ownership

IDWR/NORTHERN

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?
95-42	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: Keith G. Bolster
Name of current water right holder/claimant
3. New Owner(s)/Claimant(s): Bolster Family Living Trust % Amaryllis Bolster-Ottoman
New owner(s) as listed on the conveyance document Name connector ☐ and ☐ or ☐ and ☐ Officer
- 846 Shelley Lake Ln Spokane Valley WA 99037
Mailing address City State ZIP
- 509 924 0160
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: March 17 1992
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: Bolster Family Living Trust % Amaryllis Bolster-Ottoman 4/7/2018
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 [Signature] Processed by [Signature] Date 5-9-2018

STATE OF IDAHO)
COUNTY OF KOOTENAI)
FILE #

Mar 15 9 59 AM '93

CLERK DISTRICT COURT

JOANNA PARKER

PAUL J. ALLISON
KEITH D. BROWN
Randall & Danskin, P.S.
W. 601 Riverside, Suite 1500
Spokane, WA 99201
(509) 747-2052

RANDALL & DANSKIN, P.S.
204 East Superior St., Suite 3
Sandpoint, Idaho 83864
(208) 263-2052

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

MAGISTRATES DIVISION

In Re the Estate of

KEITH GILBERT BOLSTER,

Deceased.

Probate Case No. 94634

DECREE VESTING ESTATE
IN SURVIVING SPOUSE

(I.C. 15-3-1205)

Upon consideration of the Petition for Summary Administration
of the estate in which the surviving spouse is the sole
beneficiary, filed by AMARYLLIS M. BOLSTER on March 5, 1993, the
court finds that:

1. The facts set forth in the petition are true.
2. The required notice has been waived.
3. The decedent, KEITH GILBERT BOLSTER, died on March 19,
1992, domiciled in Spokane County, Washington.
4. Venue is proper.
5. The decedent and AMARYLLIS M. BOLSTER were married at
Spokane, Washington on June 26, 1948, and remained married until
the date of the decedent's death.
6. The surviving spouse, AMARYLLIS M. BOLSTER, is the sole
heir devisee of the decedent.

DECREE - 1

RECEIVED

MAR 16 1993

RANDALL & DANSKIN, P.S.

RANDALL & DANSKIN, P.S.
ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
SPOKANE, WASHINGTON 99201-0653
(509) 747-2052

8. The schedule of property attached to this decree is a full and complete inventory of the property owned by the decedent and subject to the jurisdiction of this court, and properly characterizes the property as community property.

1. AMARYLLIS M. BOLSTER is the surviving spouse of the decedent and is the sole devisee of the decedent.

3. The surviving spouse, AMARYLLIS M. BOLSTER, shall assume and be liable for any and all indebtedness that might be a claim against the estate of the decedent.

DATED: March 11, 1993.

C:\WP51\JC50\A;4341:jl
03/05/93 (Fri)
3:16 pm

RANDALL & DANSKIN, P.S.
ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
SPOKANE, WASHINGTON 99201-0653
(509) 747-2052

SCHEDULE OF IDAHO PROPERTY

**Lot 89 Hayden Lake Cottage Tract, Kootenai County,
Idaho.**

1 - ~~13~~ 12 - get copy of quit claim deeds by Tuesday next week
Ram - Mail them to Mom
Dy -
Banskin

Copy

login
ATTORNEY SERVICES

**THE BOLSTER FAMILY
LIVING TRUST**

30 minutes + time This agreement is between AMARYLLIS M. BOLSTER as Trustor and Trustee.

ARTICLE I.

Transfer of Property

The Trustor has transferred and delivered, or will transfer and deliver, to AMARYLLIS M. BOLSTER and RANDALL K. BOLSTER as Trustees, the property described on Schedule "A" attached hereto, all of which is Trustor's separate property. This property, together with other property which may be added to this Trust, shall be held, managed and distributed by the Trustee as herein provided.

ARTICLE II.

Identification of Family

The family of the Trustor presently consists of the Trustor and her three adult children, RANDALL K. BOLSTER, GORDON L. BOLSTER and KEVIN M. BOLSTER.

ARTICLE III.

Rights Reserved by the Trustor

A. While Trustor lives, she reserves the right to:

1. Direct the distribution of all income from, and principal of, the property held in this Trust.

2. Direct the retention, sale, or investment of trust assets. The Trustees' duties shall be limited to executing the orders of the Trustors as to retention, sale, purchase, exchange, lease, investment or reinvestment of trust assets; provided, with respect to any real estate in trust hereunder, the Trustees shall have no duty to pay taxes and assessments, make mortgage payments, pay utility charges, collect rents and profits, maintain and repair, account for, or insure against damage or loss, all of which shall be paid by the Trustors. The Trustees may maintain public liability insurance on all such real estate and improvements for the protection of Trustees and Trustors, at the expense of the Trust. Unless otherwise directed, the Trustees shall retain all property transferred to the Trust by the Trustors.

LIVING TRUST - 1/8
amb

3. Amend or revoke this Agreement, in whole or in part, by instrument in writing delivered to the Trustees, provided:

a. Such rights shall be personal to the Trustor and shall not be exercised by any other person, including a guardian.

b. The powers and duties of the Trustees shall not be changed without written consent.

B. The Trustor or any other person may transfer, by Will or otherwise, additional property acceptable to the Trustee, to be held under this Agreement, and may designate the Trust to which the property shall be added.

C. The Trustor may, by specific reference to this Trust Agreement in her Will, amend or revoke this agreement in whole or in part.

ARTICLE IV.

Distribution From the Trusts

A. While Trustor lives, the Trustee shall pay to the Trustors or her order so much of the net income or principal, or both, as the Trustor shall direct in writing.

B. Upon the death of the Trustor, the principal and accumulated income in the Trust shall be distributed to the Trustor's descendants, by right of representation. Notwithstanding the preceding sentence, if any amounts would, pursuant to the foregoing sentence, pass to a descendant under age twenty-one (21), such amount shall be continued in trust with the Trustee until the descendant attains that age. While in trust, the Trustee shall use as much of the principal and/or income of the Trust to provide for such descendant's health, support, maintenance, and education as the Trustee, in her sole discretion, determines to be necessary for such purposes. When such descendant reaches age twenty-one (21), the Trust shall terminate and the balance shall pass to such beneficiary. If such descendants should die prior to attaining age twenty-one (21), the Trust shall terminate on the date of death and the balance then in trust shall pass to such descendant's estate.

ARTICLE V.

Incapacity

A. "Incapacity" with respect to a Trustor shall mean that the Trustor is, in the judgment of a physician selected by the Trustee, unable to manage her financial affairs, whether because of illness or for any other reason.

LIVING TRUST - 2 ^{amb}/₈

B. During any period in which the Trustor is incapacitated, the co-trustee is authorized to distribute to her, or for her benefit, so much of the net income or principal or both of the Survivor's Trust as the Trustee deems best for the health and support of the survivor. While such period lasts, the Trustee may discontinue payments directed by the survivor under authority of Article III.B, and may disregard an attempted exercise of any other right reserved by said provision.

ARTICLE VI.

Protective Provisions

Neither the income nor the principal of the Decedent's Trust and any trust arising after the death of the surviving Trustor shall be alienable by any beneficiary, whether income beneficiary or remainderman, either by assignment or by any other method, and the same shall not be subject to be taken by his creditors or by any representative thereof by any process whatever, including, but not limited to, proceedings in bankruptcy. This provision shall not limit the exercise of any right to disclaim.

ARTICLE VII.

Powers and Duties of the Trustees

A. In addition to the duties, powers and rights imposed and granted by the laws of the State of Washington, the Trustee shall have the power, and the exercise of discretion in the application thereof, to:

1. Retain all assets initially transferred to trust, whether or not income producing and without regard to the diversification of trust assets. In that regard, the parties intend that such property initially include only real property located at Hayden Lake, Idaho, the provisions herein regarding distributions of principal and income being precautionary only should the character of the trust assets change.

2. Allocate receipts and expenses between principal and income without regard to the statutes of the State of Washington.

B. No Trustee shall be required to furnish bond.

C. The Trustees are hereby relieved of all duties with respect to the making or filing with any court or other place of any inventory, report, or accounting. However, the Trustee shall maintain accurate books and records and shall hold such books and records open to inspection by any beneficiary or the agent of a beneficiary.

LIVING TRUST - 3/8 ^{am.B}

ARTICLE VIII.

Successor Trustees

If the named Trustee is unable or unwilling to serve as Trustee, GORDON L. BOLSTER shall serve as trustee. If GORDON L. BOLSTER cannot serve, then KEVIN M. BOLSTER shall serve as trustee.

ARTICLE IX.

Miscellaneous

- A. All references to children and descendants shall include adopted persons.
- B. Unless some other meaning and intent is apparent from the context, the plural shall include the singular and vice versa, and masculine, feminine, and neuter words shall be used interchangeably.
- C. A Trustee may receive reasonable compensation for services rendered to the Trust.

IN WITNESS WHEREOF, AMARYLLIS M. BOLSTER, as Trustor and Trustee, and RANDALL K. BOLSTER, GORDON L. BOLSTER and KEVIN M. BOLSTER, as Trustees, have signed this agreement.

DATED this 17th day of March, 1993.

TRUSTOR

Amaryllis M. Bolster
AMARYLLIS M. BOLSTER

TRUSTEES

Amaryllis M. Bolster
AMARYLLIS M. BOLSTER

Randall K. Bolster
RANDALL K. BOLSTER

Gordon L. Bolster
GORDON L. BOLSTER

Kevin M. Bolster
KEVIN M. BOLSTER

C:\WP51\VC56A;4875.jlc
03/11/93 (Thu)
8:48 am

LIVING TRUST - 4/8 *AmB*

RANDALL & DANSKIN, P.S.
ATTORNEYS AND COUNSELORS
1500 SEAFIRST FINANCIAL CENTER
SPOKANE, WASHINGTON 99201-0653
(509) 747-2052

SCHEDULE "A"

PARCEL A

Lot 89, Hayden Lake Cottage Tract;
Kootenai County, Idaho

PARCEL B

Lot 12, Block 1, Opportunity
Terrace Fourth Addition to Spokane
County, Washington

Parcel C
Car

Parcel D

Horizon Credit Union Acct # Member # 0000884209

TOD

Parcel E

US Bank checking Acct. # 535-0250-1940

TOD

~~Parcel F~~ All Amer. Express accts are TOD -

American Express

Client # 155864937001

Emoryllis M. Dolster
7/20/05

5/8 Amb



American Express Financial Advisors Inc.
IDS Tower 10
Minneapolis, MN 55440-0010

**Financial
Advisors**

December 20, 1999

Amaryllis M Bolster
2213 S Mc Cabe
Spokane WA 99216-0423

Client Number
1558 6493 7 001

Dear Amaryllis Bolster:

This summarizes the BENEFICIARY DESIGNATION on file at our corporate offices. This confirmation is mailed only to the taxpayer registered on the account(s). Please keep this letter for your records.

PRIMARY BENEFICIARY

LIVING, LAWFUL CHILDREN IN EQUAL SHARES 100.00%
IF A CHILD IS DECEASED, HIS OR HER SHARE TO BE PAID TO HIS OR HER
LIVING, LAWFUL CHILDREN IN EQUAL SHARES
RANDALL K BOLSTER SON
KEVIN M BOLSTER SON
GORDON L BOLSTER SON

This designation is in effect for the following account(s):

FIXED RET ANN VP	0000 0931 0303 9894 1 004	
GROWTH FUND CLASS A	0000 0011 9493 3212 8 002	CUSTD ACTIVE IRA
UTILITY INCOME CL A	0000 0012 3493 8212 2 002	CUSTD ACTIVE IRA
EXTRA INCOME CLASS B	0000 0012 5493 3212 0 002	CUSTD ACTIVE IRA

Please review the account information shown. If you have any questions, contact your financial advisor, Ralph Perick, CFP (509) 324-4266 or your servicing office, (509) 324-4266, or write to American Express Financial Advisors at IDS Tower 10, Minneapolis, MN 55440. For IDS Life of New York accounts, write to IDS Life Insurance Company of NY, Box 5144, Albany, NY 12205.

Sincerely,
Client Service
800-862-7919

*Talked with Ralph Pernick
as of 2/1/05*

*All accts are TOD except Brokerage Acct,
which has nothing in it.*



1302995

QUIT CLAIM DEED

KOOTENAI)
COUNTY OF)
Randall & Danskin

May 4 11 40 AM '93

TAX COLLECTOR
FEE \$ 3.00 DEPUT

FOR VALUE RECEIVED, AMARYLLIS M. BOLSTER, does hereby convey, release, remise and forever quit claim unto AMARYLLIS M. BOLSTER and RANDALL K. BOLSTER, as Trustees of the Bolster Family Living Trust dated March 17, 1993, whose address is South 2213 McCabe Road, Spokane, WA 99216, the following described premises, to-wit:

Lot 89, Hayden Lake Cottage Tract,
Kootenai County, Idaho.

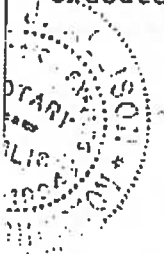
together with their appurtenances.

DATED March 31, 1993.

Amaryllis M. Bolster

STATE OF WASHINGTON)
County of Spokane) ss.

On this 31st day of March, 1993, before me, a notary public in and for said state, personally appeared AMARYLLIS M. BOLSTER, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.



Notary Public in and for the
State of Washington, residing at
Spokane

Commission Expires: 2/4/94

DJ16:A18:j

Return to:

RANDALL & DANSKIN, P.S.
ATTORNEYS AND COUNSELORS
1800 SEAFIRST FINANCIAL CENTER
SPOKANE, WASHINGTON 99201-0853

8/8 Amb

9305030555

QUIT CLAIM DEED VOL. 1424 PAGE 532

The Grantor, AMARYLLIS M. BOLSTER, for and in consideration of ONE DOLLAR, conveys and quit claims to AMARYLLIS M. BOLSTER and RANDALL K. BOLSTER, as Trustees of the Bolster Family Living Trust dated March 17, 1993, the following described real estate, situated in the County of Spokane, State of Washington, including any interest therein which grantor may hereafter acquire:

5-16
Lot 12, Block 1 Opportunity Terrace Fourth Addition to Spokane County, Washington

DATED this 31 day of March, 1993.

Amaryllis M. Bolster

STATE OF WASHINGTON)
County of Spokane) ss.

I certify that I know or have satisfactory evidence that AMARYLLIS M. BOLSTER is the person who appeared before me, and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: March 31, 1993.

Excise Tax Paid on
Sale Act Pd. 2.00 fee
Spokane County 10/21

0093006255

Notary Public in and for the
State of Washington, residing
at Spokane

Appointment Expires: 2/4/94



MAY 3 2 52 PM '93

WILLIAM E. DONAHUE
CLERK
SPOKANE COUNTY WASH.
DEPUTY

RANDALL & DANESKIN, P.S.
ATTORNEYS AND COUNSELLORS
1000 SEAFRONT FINANCIAL CENTER
SPOKANE, WASHINGTON 99201-0883
(509) 747-5053

7/8 Amb

LOCAL FILE NUMBER

757 11111111
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

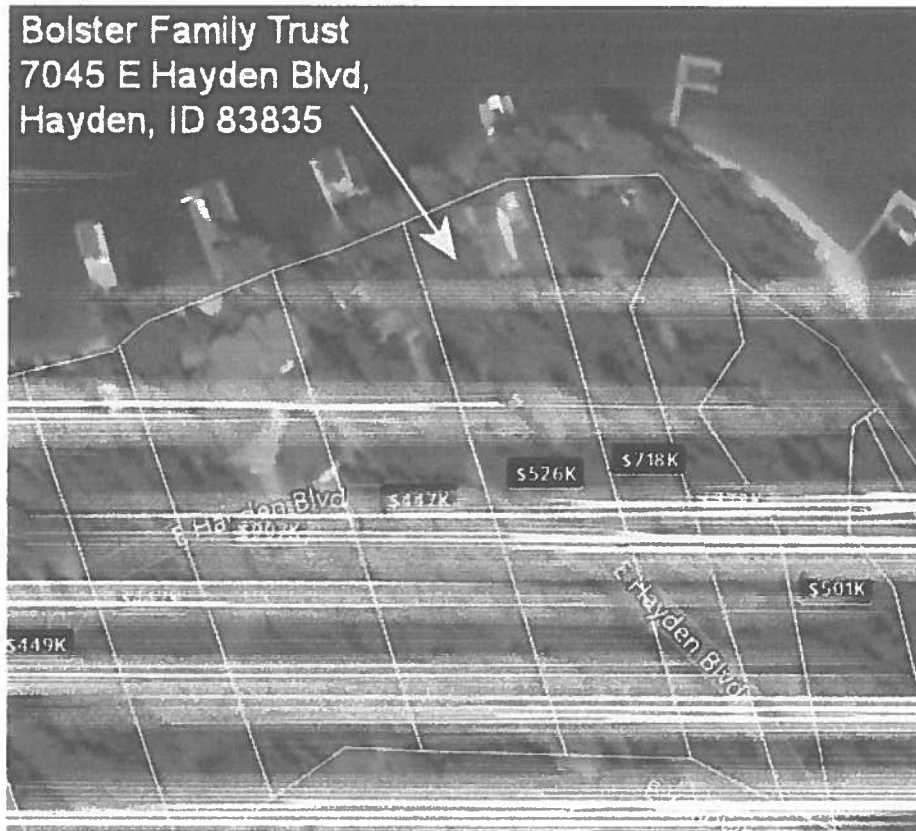
1. NAME First Middle Last KEITH GILBERT BOLSTER		2. SEX (M / F) MALE		3. DATE OF DEATH (Mo., Day, Yr.) MARCH 19, 1992		
4. AGE LAST BIRTHDAY (Yrs) 63	5. UNDER 1 YEAR MOS DAYS ✓	6. UNDER 1 DAY HOURS MINS ✓	7. BIRTHDATE (Mo., Day, Yr.) AUG 8 1928	8. BIRTHPLACE (City, State or Foreign Country) MINOT NORTH DAKOTA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES	
11. CITY, TOWN OR LOCATION OF DEATH SPOKANE			12. PLACE OF DEATH— ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 6. ☐ OTHER PLACE 2213 S. McCABE			13. SMOKING IN LAST 15 YEARS? (Yes / No) YES
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) AMARYLLIS MELLON		16. SOCIAL SECURITY NO. [REDACTED]		
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4						
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) MECHANICAL ENGINEER		19. KIND OF BUSINESS OR INDUSTRY CONSULTING		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO		
21. RACE (Specify) WHITE						
22. RESIDENCE—NUMBER AND STREET 2213 S. McCABE		23. CITY/TOWN, OR LOCATION SPOKANE		24. INSIDE CITY LIMITS? (Yes / No) NO	25. COUNTY SPOKANE	
26. LENGTH OF RES. IN CO. 50yrs		27. STATE WA		28. ZIP CODE 99212		
29. FATHER'S NAME—FIRST, MIDDLE, LAST FRED J. BOLSTER			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME THELMA NELLIE CLARK			
31. INFORMANT—NAME AMARYLLIS BOLSTER			32. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 2213 S. McCABE SPOKANE WASHINGTON 99212			
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		34. DATE (Mo., Day, Yr.) MAR 20 1992		35. CEMETERY/CREMATORY—NAME THORNHILL VALLEY CREMATORIUM		
36. FUNERAL DIRECTOR SIGNATURE X Michael Rassy		37. NAME OF FACILITY THORNHILL VALLEY FUNERAL HOME		38. LOCATION—CITY/TOWN, STATE SPOKANE WASHINGTON		
39. ADDRESS OF FACILITY SOUTH 1400 PINES ROAD SPOKANE WASHINGTON 99206						
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]			41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X [Signature]			
42. DATE SIGNED (Mo., Day, Yr.) March 19, 1992		43. HOUR OF DEATH (24 Hrs.) 1640		44. DATE SIGNED (Mo., Day, Yr.)		
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr.)		47. HOUR OF DEATH (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Turner A. Wood, M.D., W. 104 5th Avenue, #110, Spokane, WA 99204		49. ME/CORONER FILE NUMBER				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. Cancer of unknown primary DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH 3 Months		
		B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
		D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:				52. AUTOPSY? (Yes / No) NO	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) NO	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		
57. INJURY AT WORK? (Yes / No)		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		59. DESCRIBE HOW INJURY OCCURRED:		
60. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		61. REGISTRAR SIGNATURE X [Signature]		62. DATE RECEIVED (Mo., Day, Yr.) MAR 20 1992		

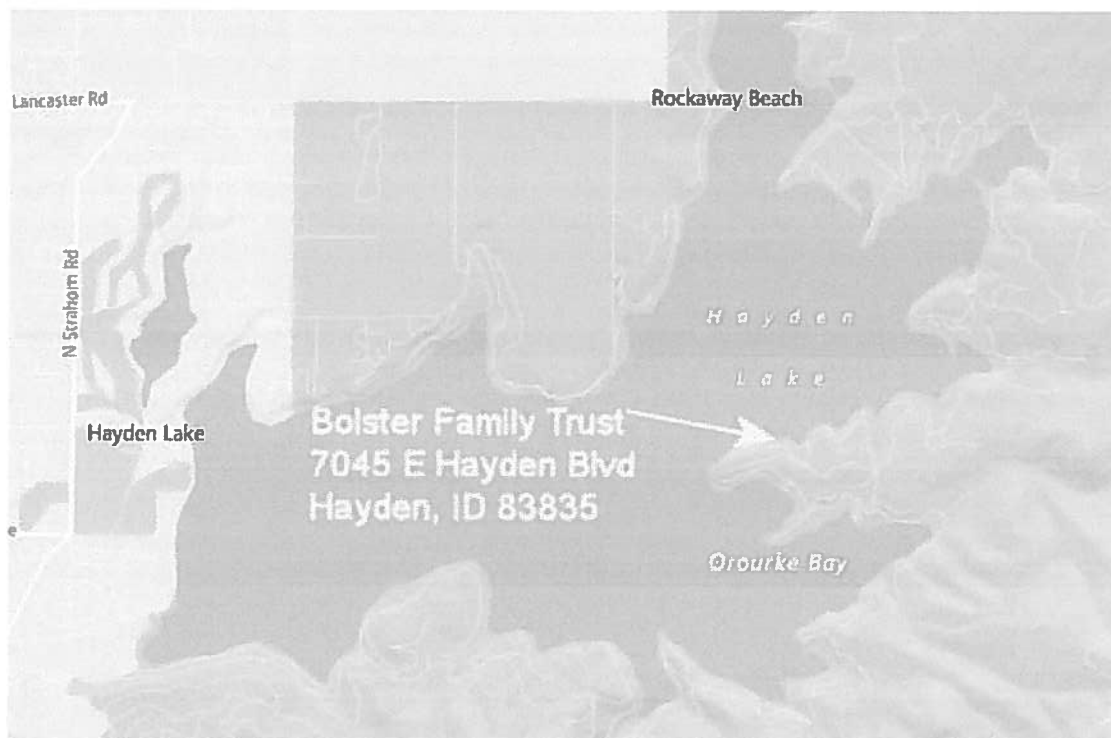
FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-15C DOH 01-003)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL

Bolster Family Trust
7045 E Hayden Blvd,
Hayden, ID 83835







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

May 9, 2018

BOLSTER FAMILY LIVING TRUST
C/O AMARYLLIS BOLSTER-OTTEMAN
846 SHELLEY LAKE LN
SPOKANE VALLEY WA 99037

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-42

Dear Ms. Bolster-Otteman:

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,

A handwritten signature in dark ink, reading "Dawn R. Lenon". The signature is fluid and cursive, with the first name "Dawn" being the most prominent.

Dawn R. Lenon
Technical Records Specialist 1

Enclosure(s) Notice of Claim 95-42