

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

MAR 08 2018 Notice of Change in Water Right Ownership

IDWR / NORTH

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?
95-10424	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐
	Yes ☐		Yes ☐		Yes ☐

2. Previous Owner's Name: SUSAN CONNER SLOCUMB or MIKE SLOCUMB

Name of current water right holder/claimant

3. New Owner(s)/Claimant(s): MIKE SLOCUMB or Cynthia Slocumb

New owner(s) as listed on the conveyance document

Name connector

☐ and ☐ or ☐ and/or

PO BOX 1345

RATHDRUM

ID

83858

Mailing address

City

State

ZIP

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: NOV. 20 2012

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: [Signature]

Signature of new owner/claimant

Title, if applicable

Date

Signature: [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

5-16-2018

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 DEATH UNDER ID-2414 AND ID-2414A, IDAH CODE

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) SUSAN CONNER SLOCUMB		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 56 (Years)		4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0	
	5. DATE OF BIRTH (Mo/Day/Yr) 10/26/1956		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SPOKANE, WASHINGTON	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	
	7c. CITY OR TOWN RATHDRUM		7d. ZIP CODE 83858	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7e. STREET AND NUMBER PO BOX 1345		7f. INSIDE CITY LIMITS? ☒ Yes ☐ No	
	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) MIKE A SLOCUMB	
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. BIRTHPLACE (State, Territory, or Foreign Country) WASHINGTON	
	11b. FATHER'S NAME (First, Middle, Last, Suffix) VANCE K CONNER		12a. BIRTHPLACE (State, Territory, or Foreign Country) UTAH	
	12b. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ROSENA O LEPPERT		13. MAILING ADDRESS (Street and Number, City, State, Zip Code) PO BOX 1345 RATHDRUM, ID 83858	
INFORMANT: Complete/Verify and File Within 5 Days of Death	13a. INFORMANT'S NAME (Type or print) MIKE A SLOCUMB		13b. RELATIONSHIP TO DECEDENT HUSBAND	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Reinterment 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		17. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ROBERT J. JOHNSTON	
	17a. LICENSE NUMBER (Of licensee) M0558		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ Outpatient, 24 hr ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ Outpatient, 24 hr ☐ 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) HOSPICE HOUSE - HOSPICE OF NORTH IDAHO		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83815	
	22. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 20, 2012		23. TIME OF DEATH (24hr) 22:45	
	24. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 20, 2012		25. TIME PRONOUNCED DEAD (24hr) 22:45	
	26. 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: LEUKEMIA		27. CAUSE OF DEATH 4 MONTHS	
	28. PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I: Sequitally list conditions. If any, linking to the cause listed on line 26. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death)		29. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
DATE OF DEATH CAUSE OF DEATH	30. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ No ☐ Unknown		31. 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	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 11/20/2012		33. TIME OF INJURY (24hr) 22:45	
	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) State: _____ City/Town or County: _____ Zip Code: _____		35. INJURY AT WORK? ☐ Yes ☒ No	
	36. 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: 36a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____		36b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown	
	37. 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. ☐ CORONER 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: MICHAEL D. WHITING, M.D. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL D. WHITING, 14775 NORTH KIMO COURT RATHDRUM, ID 83858		38. LICENSE NUMBER M-08126 39c. DATE SIGNED 11 / 27 / 2012 MM DD YYYY	
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 11 / 28 / 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.

NOV 28 2012

DATE ISSUED:

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

PRNCD (Rev) 12/12

JAMES B. AYDELOTTE
STATE REGISTRAR



QUITCLAIM DEED

FOR VALUE RECEIVED

Mike Allen Slocumb

JIM BRANNON 3 P 2612634000
KOOTENAI COUNTY RECORDER
PRP Date 09/21/2017 3:41 PM
REQ OF MIKE SLOCUMB

RECORDING FEE: \$15.00

DD

do hereby convey, release, remise and forever quit claim

unto Mike Allen Slocumb and Cynthia Pele' Slocumb
Husband & Wife
whose address is 24319 N. Carbine Hill Rd
the following described premises, to-wit: 83801
P.O. Box 1345
Rathdrum, ID 83858

See Attached Legal

RECEIVED

MAY 14 2018

IDWR / NORTH

STATE OF IDAHO
COUNTY OF KOOTENAI

MAY 09 2018

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY OF
THE ORIGINAL NOW ON FILE OR RECORDED IN THIS OFFICE
MARRIAGE INSTRUMENT # 2612634000

BOOK _____ PAGE _____ NOT TO SCALE

JIM BRANNON
CLERK

BY

DEPUTY PAGE COUNT 3 PAGES

together with their appurtenances, together with any after acquired title.

dated: 9-21-17

Mike A. Slocumb

Cynthia Pele' Slocumb

ACKNOWLEDGMENT - Individual

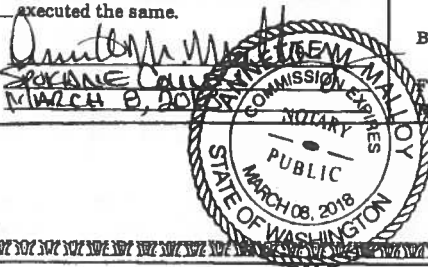
STATE OF ~~WASHINGTON~~ County of SPOKANE, ss.

On this 21st day of SEPTEMBER, in
the year of 2017, before me ANNETTE
M. MALON, a notary public,
personally appeared MIKE SLOCUMB AND
CYNTHIA SLOCUMB, known or
identified to me to be the person whose name
subscribed to the within instrument, and acknowledged to
me that he executed the same.

Notary Public:

Residing at:

Comm. Exp:



STATE OF IDAHO, COUNTY OF

I hereby certify that this instrument was filed for record
at the request of

at _____ minutes past _____ o'clock m.,
this _____ day of _____
, in my office, and duly recorded in Book
of Deeds at page _____

Ex-Officio Recorder

By _____

Deputy.

Fees \$ _____

Mail to: _____

Parcel 1:

The North 396.12 feet of the East 1143.02 feet of the Northeast quarter of the Southeast quarter of Section 5, Township 52 North, Range 3 W.B.M., Kootenai County, Idaho, described as follows:

Beginning at the Northeast corner of that parcel of land described in Quitclaim Deed recorded January 24, 1985 as Instrument Number 997628 in Book 335 of Deeds, Page 66; thence

South 00° 11'51" East, 396.12 feet along the East line of said parcel of land to the Southeast corner thereof; thence

North 89° 47'39" East, 1143.02 feet along the extended South line of that parcel of land as described in Quitclaim Deed recorded January 24, 1985 as Instrument Number 997628 in Book 335 of Deeds, Page 66, to a point on the East line of said Section 5; thence

North along said East line of Section 5, 396.12 feet, more or less, to the quarter corner; thence

West along the North line of said Northeast quarter of the Southeast quarter, to the POINT OF BEGINNING;

EXCEPT any portion of said land lying within the land described in the Warranty Deed dated July 30, 1978, executed by R.L. Gamble in favor of Robert T. Kirkpatrick, et al, recorded August 10, 1987 as Instrument No. 1092652 in Book 352 of Deeds, Page 40,

AND EXCEPT any portion lying within the right of way for Corbin Hill Road.

ALSO EXCEPTING therefrom the following described parcel:

The East 555 feet of the West 719 feet of the Northeast quarter of the Southeast quarter of Section 5, Township 52 North, Range 3 W.B.M., Kootenai County, Idaho, described as follows:

Beginning at the Northeast corner of a parcel of land as described in Quitclaim Deed recorded January 24, 1985 as Instrument No. 997628 in Book 335 of Deeds, Page 66; thence

South 00° 11'51" East, 396.12 feet along the East line of said parcel to the Southeast corner thereof; thence

North 89° 47'39" East, 555.00 feet along the extended South line of the parcel of land as described in the above mentioned Quitclaim Deed; thence

North 00° 11'51" West, parallel with and 555 feet distant from measured at right angles to the East line of said above mentioned parcel, 394 feet, more or less to the North line of said Northeast quarter of the Southeast quarter; thence

West, 555.00 feet along said North line to the POINT OF BEGINNING.

Parcel 2⁹

STATE OF IDAHO
COUNTY OF KOOTENAI } 88
AT THE REQUEST OF
KOOTENAI COUNTY TITLE CO.

MAY 5 11 02 AM '99

DANIEL J. ENGLISH

FEES DEPUTY 32

File No: 51565 ML

QUITCLAIM DEED

1587612

For Value Received SUSAN E. SLOCUMB, a married woman who acquired title as
SUSAN E. ANDERSON, a married woman

do hereby convey, release and forever quit claim unto MIKE A. SLOCUMB and SUSAN
E. SLOCUMB, husband and wife

MA: SPS DO Box 1177 Rathdrum, Ida. 83858

Address: -23215 N. Garden Hill Road, Arden, ID 83801

The following described premises, to wit:

That portion of the Northeast Quarter of Section 5, Township 52 North, Range 3
West Boise Meridian, Kootenai County, Idaho, described as follows:

BEGINNING at the Quarter corner of the East line of said Section 5; thence
North along the East line of said Section 5, a distance of 210 feet; thence
Westerly at right angles 210 feet; thence
Southerly at right angles 210 feet; thence
Easterly at right angles 210 feet to the POINT OF BEGINNING.

together with their appurtenances. TOGETHER WITH any and all after acquired title.

Dated:

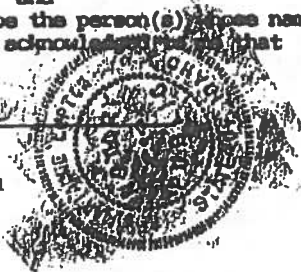
Susan E. Slocumb
SUSAN E. SLOCUMB
Mike A. Slocumb

STATE OF IDAHO)
COUNTY OF Kootenai)

ON THIS 30th day of April, 1999, before me, the undersigned
a Notary Public in and for said State, personally appeared
SUSAN E. SLOCUMB and

known or identified to me to be the person(s) whose name(s) is/are subscribed
to the within instrument, and acknowledged that she executed the same.

Maiana Dugan
Notary Public for: IDAHO
Residing at: Post Falls
Commission Expires: 11/20/2001





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 16, 2018

MIKE & CYNTHIA SLOCUMB
PO BOX 1345
RATHDRUM ID 83858

SUBJECT: Ownership Change on Notice of Claim Number(s) 95-10424

Dear Mr. & Mrs. Slocumb:

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 95-10424